CYPRESS HEALTH REGION

ANNUAL REPORT

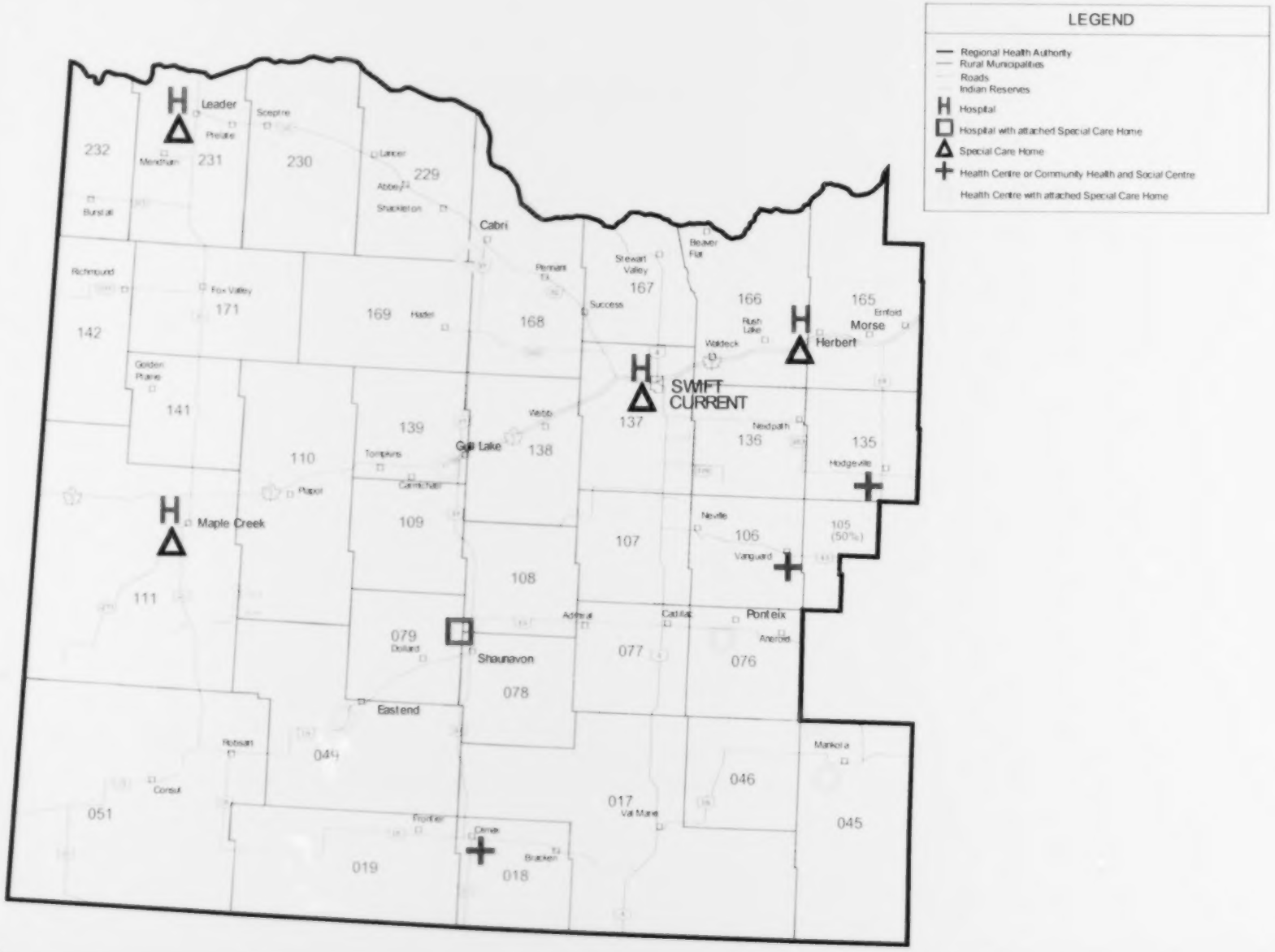
to the
Minister of Health
and
Minister of Healthy Living Services

For the Fiscal Year Ending
March 31, 2006

Together - Your Health, Our Future

Saskatchewan Health

Cypress Regional Health Authority



2007-00058

TABLE OF CONTENTS

Letter of Transmittal ..... Page 4

Who We Are ..... Page 5

Our Region ..... Page 12

2005-06 Results at a Glance ..... Page 19

2005-06 Performance Results ..... Page 21

Future Outlook/Emerging Issues ..... Page 31

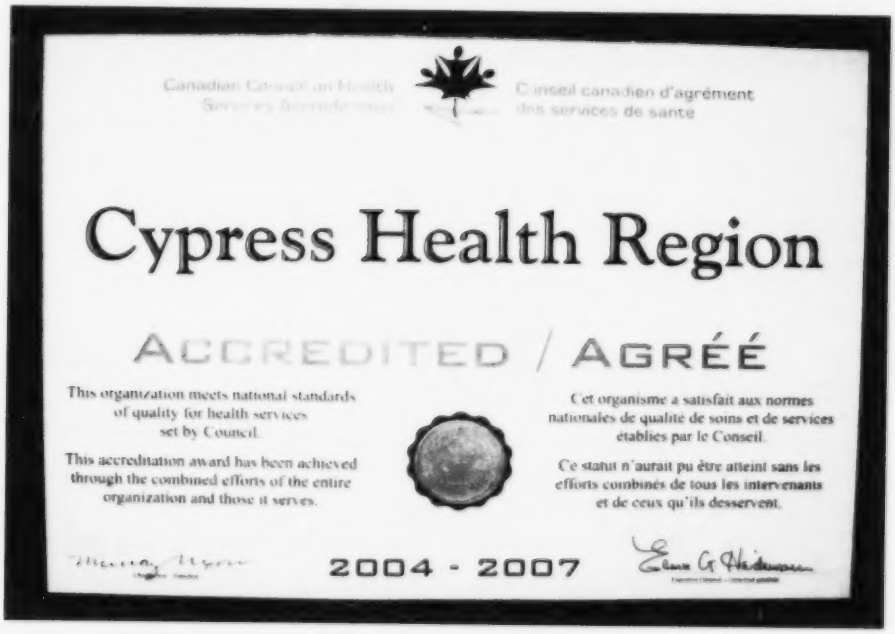
Management Report ..... Page 33

2005-06 Financial Report ..... Page 34

Governance and Transparency ..... Page 57

Payee Disclosure Lists ..... Page 60

Performance Management Summary (Indicator Tables) ..... Page 61


Canadian Council on Health Services Accreditation
Conseil canadien d'agrément des services de sante
Cypress Health Region
ACCREDITED / AGRÉÉ
This organization meets national standards of quality for health services set by Council.
This accreditation award has been achieved through the combined efforts of the entire organization and those it serves.
Cet organisme a satisfait aux normes nationales de qualité de soins et de services établies par le Conseil.
Ce statut n'aurait pu être atteint sans les efforts combinés de tous les intervenants et de ceux qu'ils desservent.
2004 - 2007

The Cypress Health Region's *Annual Report to the Minister of Health and Minister of Healthy Living Services for the year ending March 31, 2006* can also be accessed on the health region's website: www.cypressrha.ca

LETTER OF TRANSMITTAL

TO: The Honourable Len Taylor
Minister of Health

and

The Honourable Graham Addley
Minister of Healthy Living Services

Dear Minister Taylor and Minister Addley,

The Cypress Regional Health Authority is pleased to provide you and the residents of the health region with its 2005-06 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2006.

On behalf of the members of the Cypress Regional Health Authority, I would like to acknowledge the successes that our health region has enjoyed over the 2005-06 fiscal year. Of note, we would like to recognize:

- the implementation of the 24-hour on-site emergency physician at the Cypress Regional Hospital in Swift Current;
- the investments from donors, the Dr. Noble Irwin Regional Healthcare Foundation, and Saskatchewan Health directed towards the capital construction projects in Swift Current (the new Cypress Regional Hospital) and Herbert (integrated health facility); and,
- the multidisciplinary efforts towards enhancing the quality of care that is provided and the workplace environment for our employees.

The contributions of our staff and physicians are essential to the successes achieved by the Cypress Health Region. Their ongoing support and dedication to quality health care is to be commended.

Together – Your Health, Our Future

Respectfully submitted,

Dennis Lafreniere
Chairperson
Cypress Regional Health Authority

WHO WE ARE

The Cypress Regional Health Authority was established on August 1, 2002 with the proclamation of *The Regional Health Services Act*. The Authority assumed the operations of the former Rolling Hills, Southwest and Swift Current Health Districts as of this date. The Cypress Regional Health Authority (RHA) is one of 12 Regional Health Authorities that exist within the province.

The Minister of Health is responsible for the overall strategic direction of Saskatchewan's health system, determines provincial health service priorities, and allocates resources for service delivery. The Regional Health Authority is responsible for the planning, organization, delivery and evaluation of the health services it provides within its boundaries.

An *Accountability Document* between each RHA and Saskatchewan Health further specifies the organizational, program and service expectations for each RHA, and links expectations with funding.

The Cypress Health Region is supportive of the strategic direction set out in the provincial government's *Action Plan for Saskatchewan Health Care*. In consideration of this support, the RHA developed a series of strategic statements that reflect the *Action Plan's* provincial approach to continuous improvement and our commitment to health care quality for the people of southwest Saskatchewan.

The health region's strategic statements align with Saskatchewan Health's goals and are directed towards the provincial Vision of:

"Building a province of healthy people and healthy communities".

The Cypress Vision

Together – Your Health, Our Future

The Cypress Values

- *Quality Compassionate Care*
- *Integrity and Accountability*
- *Innovation and Learning*
- *Respect for Diversity*
- *Shared Responsibility for Improving Health*

These Value statements have been established to guide the many decisions that are made regarding the delivery of health programs and services throughout the health region.

Every value statement plays a role in the decision-making processes that occur. For example, a focus on "quality compassionate care" has been demonstrated through the region's involvement in the *Safer Healthcare Now!* initiative, participation in Health Quality Council's "Acute Care Patient Experience Survey", and serving as a pilot site for the Health Quality Council's "Drugs in Long Term Care" improvement project.

"Innovation and learning" has been evidenced by early adoption of MDS (minimum data set) in Home Care, with the health region becoming one of the first regions in the province to have all home care staff trained and implementing this new client assessment tool.

The Regional Health Authority is also guided by a series of policies and procedures that provide a framework for its governance responsibilities. A "Code of Conduct" policy and procedure speaks to the expectations of individual RHA members:

> *"The RHA expects of itself and its members ethical and businesslike conduct. It expects its members to treat one another and staff members with respect, cooperation and a willingness to deal openly on all matters."*

The health care environment is one where ethical dilemmas can present themselves when two or more values or two or more individual perceptions of decision-making are in a conflicting position. The Ethics Committee was created to address ethical issues as they arise due to daily operational issues or more strategic decision-making processes. The Committee is comprised of health region staff, physicians, RHA members and several members of the community.

Cypress Goals and Objectives

Goal #1 – Improved access to quality health services

Objectives

- Responsive, coordinated primary health care
- Reduce waiting times for surgical procedures
- Improve emergency medical care
- Improved hospital, specialized service, and long term care

Goal #2 – Effective health promotion and disease prevention

Objectives

- Better promotion of health and disease prevention
- Improve the health of populations at risk

Goal #3 – Retain, recruit, and train health providers

Objectives

- Improve utilization and availability of health human resources
- Develop representative workplaces
- Create healthier, more effective workplaces

Goal #4 – A sustainable, efficient, accountable, and quality health system

Objectives

- Ensure quality, effective health care
- Appropriate governance, accountability, and management for the health sector
- Sustain publicly funded and publicly administered Medicare

Programs and Services

Approximately 1,600 staff provides a wide variety of facility-based and community-based programs and services across the health region.

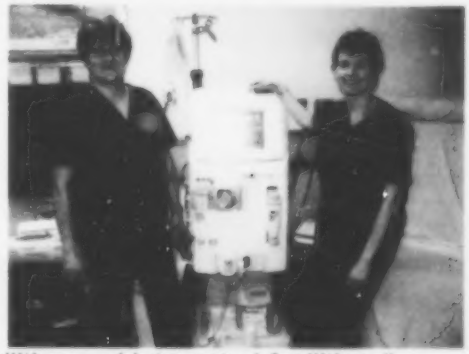
Hospitals/Acute Care

The Cypress Regional Hospital in Swift Current offers a comprehensive range of acute clinical services including general medicine, emergency, general surgery and anaesthetic services, obstetrics and gynaecology, paediatrics, internal medicine, on-site radiology, inpatient psychiatry and an intensive care unit. Secondary specialty services such as ophthalmology, urology and a host of visiting specialties that travel to provide services also play a prominent role at the regional hospital.

Four community hospitals in Maple Creek, Leader, Shaunavon, and Herbert offer general medicine, emergency services, basic laboratory and diagnostic procedures, and observation/convalescent/palliative care.

Specialized Acute Care Services

The Cypress Regional Hospital provides a multi-slice computerized tomography (CT) scanning service, an award winning six-station renal dialysis unit (see photo) and a Community Oncology Outreach Program.



Institutional Supportive Care

Long-term care services are provided in 12 communities across the health region. The program is offered in a variety of standalone long-term care facilities and integrated facilities (i.e. with a health centre or acute facility).

Emergency Medical Services

A total of 21 ambulances based in 12 ambulance service sites across the health region provide EMS services to the residents of southwest Saskatchewan – 7 region-operated and 5 municipal or privately operated. The EMS services made a total of 3,121 trips over the fiscal year and traveled a total of nearly 500,000 kilometres.

Home Care

A full array of home-based supportive care services is available throughout the region. Regionalized case management processes and standardized assessment tools have been in place and provide consistent practices.

Primary Health Care

There are currently three designated primary health care sites in Vanguard, Hodgeville and Leader that provide primary health care services to just fewer than 11% of the region's population. Although the region has had a multitude of positive discussions with communities regarding the potential benefits of primary health care programming, the further implementation of this initiative has been challenged by the lack of a provincial model contract for physicians who are practicing in primary health care sites.

Community Health Services
The region provides a comprehensive set of mental health, rehabilitation, alcohol and drug assessment, and problem gambling services. All of these programs provide services to children, youth and adults.

A 10-bed unit located in the Cypress Regional Hospital provides inpatient mental health services. The unit is staffed 24 hours per day and a psychiatrist is on call at all times. The average length of stay is among the lowest in the province due to discharge planning being initiated on admission to the unit, excellent working relationships with community based organizations and health care organizations (HCOs).

Population Health
The Population Health Promotion Strategy continues to form the model for population health programming. One of the key programs introduced in 2005-06 related to the implementation of the Project Hope initiative. The health region has added a Health Promotion Coordinator who is focusing on Mental Wellbeing and Substance Use/Abuse.

Region staff continues to participate in the development of the Southwest Drug Strategy where Community Action Teams have been established to develop a plan that addresses substance use/abuse within the region.

Management of Risks
Health Human Resources
Similar to other health authorities throughout the province and country, the Cypress Health Region faces the major challenge of health human resource availability. The ability to recruit and retain our health professionals (i.e. physicians, registered nurses, public health inspectors, therapists, pharmacists, speech language pathologists, etc.) will continue to create issues for the continuation of service provision in some areas.

The maintenance of 24-hour registered nurse coverage has been difficult in several rural facilities. The region has partnered with the staff and union partners to maximize the use of available nursing resources and utilize registered nurses and licensed practical nurses to their full scope-of-practice.

The health region welcomed the late-2005 release of the *Working Together: Saskatchewan's Health Workforce Action Plan* that was created to strengthen planning efforts for health human resources within the province. Regional activities that are attempting to address health human resource issues are closely tied to the five strategic goals identified within this *Action Plan*.

Planning has identified a series of strategies that will lessen the risks – for example, the creation of healthy workplace programming initiatives (occupational health and safety emphasis, healthy workplace coordinator, fitness challenges); Employee & Family Assistance Program; Employee Opinion Survey feedback and development of "make it betters"; ability management program; promotion of representative workforce; creation of a "learning environment" where continuing educational opportunities are available in a variety of mediums.

Physician Recruitment

The Cypress Health Region has a number of rural-based single physician practices, which may pose difficulties in recruiting replacements when the necessity arises. Combined with the geographic concerns and distribution of population in our rural areas, access to physician services may become an issue.

Recruitment of specialist physicians to provide services at the Cypress Regional Hospital has posed challenging in the past.

The addition of a Medical Affairs Coordinator will assist in addressing the recruitment challenges of physicians and in developing the necessary relationships to aid in retaining these hard-to-recruit professionals. Health region officials have met with municipal and community leaders to discuss options relating to the development of primary health care services.

Financial

Appropriate utilization of available financial resources has been, and will continue to be, a high priority for the future.

A series of financial-related risks have been identified below, along with a series of plans that will lessen the potential burden of these risks.

- Limited financial resources to invest in capital infrastructure -- offset the risk by implementing processes and plans to identify, measure and report capital infrastructure needs to Saskatchewan Health based on a defendable capital asset management plan.
- Limited financial resources to invest in implementing research-based best practices – continual efficiencies realized in service delivery models to allow for reinvestment into best practices. With limited resources, a focused implementation plan for best practices must be initiated to ensure the region receives best value for any investment that is made.
- Increasing expectations on the health system, placing financial pressures on the region – as expectations of the government and public increase, the region communicates the impact of those increasing expectations to Saskatchewan Health to ensure the operating financial pressures are identified to enable the government and the region to work together to ensure the expectations can be met.
- Funding may be unable to keep pace with the escalating costs of the changing health care system – continual communication with Saskatchewan Health through monthly financial reporting allows the region to work with the government to identify and address operating pressures, as they are experienced. The region also implemented and continues to implement many process enhancements to streamline business processes to create operational efficiencies. The region is also focusing significant effort on sick time and overtime to reduce these costs.

Health Care Organizations

The Cypress Health Region works closely with a number of independent health care organizations and third party health service providers to deliver program and services to residents of our health region. *The Regional Health Services Act* defines a health care organization (HCO) as:

- A prescribed organization that receives funding from a RHA to provide health services; or,
- An affiliate, other than the RHA, that operates a hospital or not-for-profit special care home.

Under the legislation, HCOs must provide health services consistent with the health region's operational plan and must conduct their activities and affairs in a manner that is consistent with and reflects the health goals and objectives of the RHA and the Minister of Health. Contractual agreements are in place between the RHA and the HCO that set out the health services to be provided by the HCO and the funding to be received through the health region. HCOs are required to submit audited financial statements and statistical information to the health region.

These relationships include:

- *Herbert Nursing Home* – affiliate organization. They provide long term care services in the community of Herbert.

> ***NOTE:*** *The Herbert Nursing Home, Inc. amalgamated with the Cypress Health Region as of December 30, 2005.*

- *Foyer St. Joseph* – affiliate organization. They provide long term care services in the community of Ponteix and are physically integrated with the Ponteix Health Centre facility.
- *Private Ambulance Service Operators* – located in the communities of Frontier, Gull Lake, Swift Current, Ponteix and Val Marie.
- *McKerracher Support Services Inc.* – provider of independent living services for individuals suffering from a long-term mental illness.
- *Canadian Mental Health Association* – provider of day programming for individuals suffering from long-term psychiatric disorders.

The health region has the ability to appoint a staff member to sit as a Board Liaison with the McKerracher Support and Canadian Mental Health Association Boards. This relationship is intended to provide support, consultation, and liaison function between the organization and the health region. In addition, monthly program meetings are held between representatives of the organizations and health region, where joint client case planning is coordinated.

Administrative Structure

The Chief Executive Officer is responsible to the Authority for the general operations and day-to-day administrative organization of the health region. The Chief Executive Officer has established a Senior Management Team that ensures effective planning, integration and delivery of facility-based and community-based programs and services across the region. The Senior Management Team consists of the following positions and is depicted in the organization chart below:

- Executive Director Health Services
- Executive Director Community Services
- Executive Director Finance
- Executive Director Human Resources
- Executive Director Decision Support *(as of June 2006, this position will be referred to as the Executive Director Quality Assurance)*
- Executive Director Communications
- Senior Physician Executive/Chief of Medical Staff
- Director Executive and Board Support

NOTES:

- *As of April 12, 2006, Mr. Andrew Will (Chief Executive Officer) left the organization for another career opportunity. Ms. Brenda Schwan was appointed Acting Chief Executive Officer until a permanent replacement is recruited.*
- *As of June 2006, Ms. Beth Adashynski was recruited for the position of Executive Director Quality Assurance.*

OUR REGION

The Cypress Health Region provides health services to 80 rural and urban municipalities in the geographically diverse southwest corner of Saskatchewan. This region's boundaries incorporate approximately 45,000 individuals who live in rural and urban settings. Within the region, there are twenty-seven Hutterite communities and one First Nations community.

A major challenge that the organization faces is the vast distances between communities, leaving certain communities vulnerable in terms of access to services and social isolation. This area of Saskatchewan also obtains large geographical points of interest, for example the Great Sand Hills, Cypress Hills Inter-Provincial Park, and the National Grasslands Park. These factors lead to the potential for traveling within the region.

The Cypress Health Region is one of the largest single employers within the geographical region. With approximately 1,600 staff members, the organization provides a wide variety of community–based and facility-based programs and services. The twenty facilities in the region provide an assortment of program services such as acute care, long-term care, and program services (i.e. observation, respite, palliative, and convalescent). As well, the region provides a broad range of additional programs such as community services, home care planning, and emergency medical services.

Sod Turning April 2005

Presently, the Cypress Health Region is building a new regional hospital in Swift Current. It is expected to open in late 2006.

Population

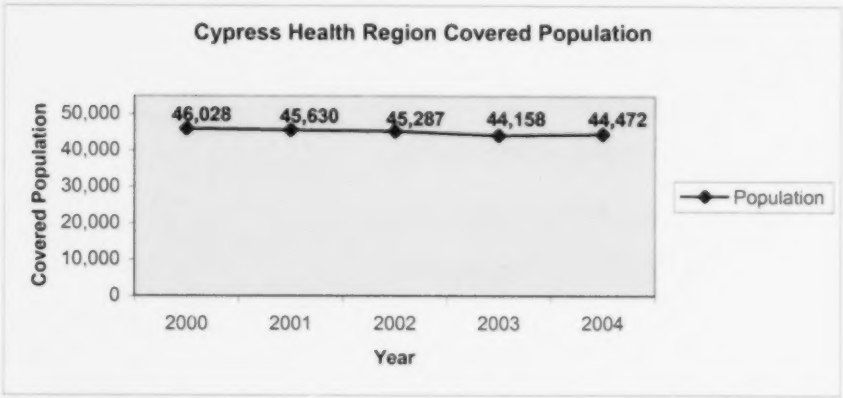
Urban-Rural Spread

Within the Cypress Health Region, the major urban setting is the City of Swift Current. Swift Current has a population of approximately 16,000 people and is located off the Trans-Canada #1 Highway between Regina and Medicine Hat. Other large urban settings include Maple Creek, Shaunavon, Leader, and Gull Lake. In 2001, 45.1% of the population resided in urban centres.

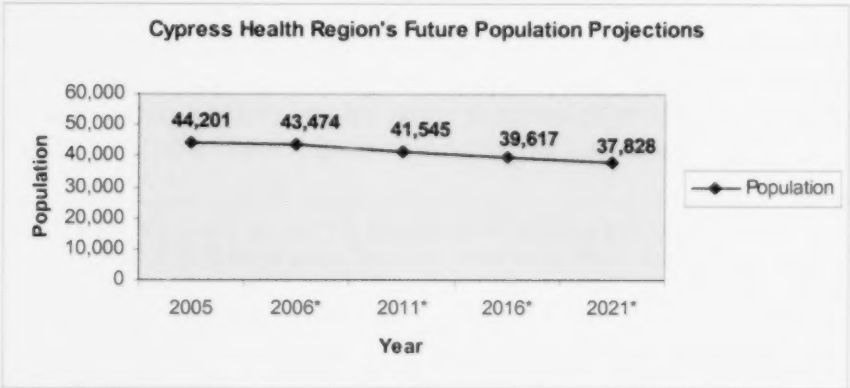
In 2001, rural population made up 54.9% of the entire regional population. Some residents have to travel considerable distances to receive healthcare. Due to the challenges created by the geographic nature of the health region, rural healthcare is an issue that has to be continuously addressed.

Region Population

The Cypress Health Region covered population between 2000-2004 is charted below. There has been only a slight fluctuation in the residents during these four years. This graph is derived from *Covered Population* statistics from the Saskatchewan Health Website.

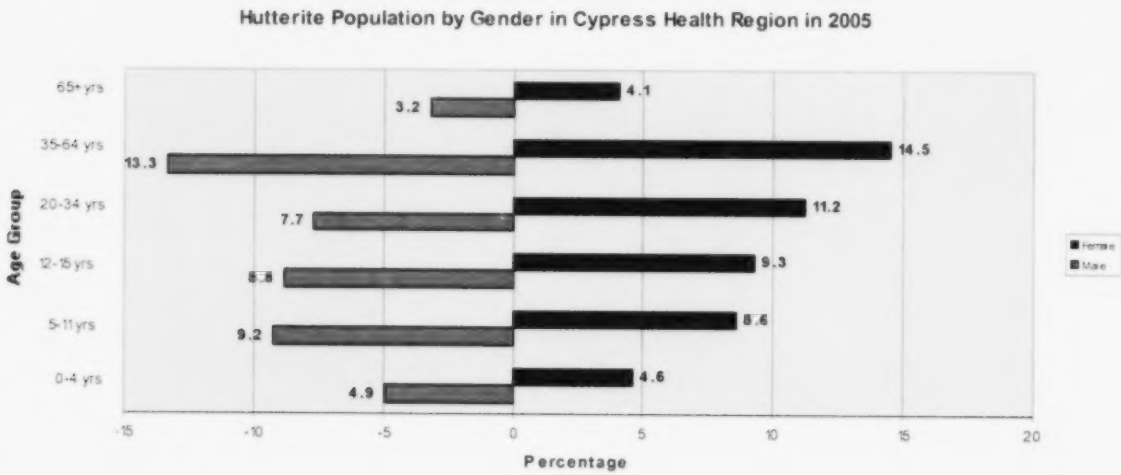


To understand the strategic decisions made by the Cypress Health Region it is important to look at the future population projections for the region. As seen below, the population in this area is anticipated to continuously decrease.



Hutterite Population

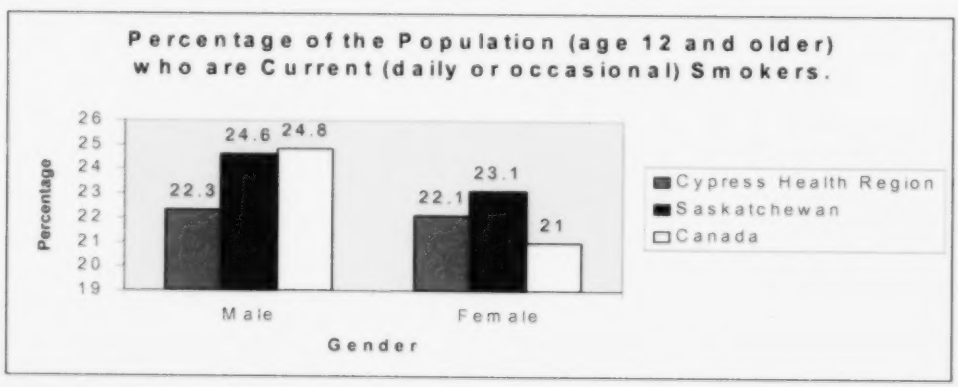
The Cypress Health Region is home to more than half the Hutterite colonies in Saskatchewan. The Hutterite population composes approximately 4.6% of the population in this region. This is an important statistic due to the fact that the Hutterite lifestyle can create risk factors for certain health problems such as cardiac difficulties and diabetes. The chart below shows the age distribution of the Hutterite population in 2005.



In 2005, the majority of the Hutterite population within the Cypress Health Region was between 35 and 64 years of age. A smaller percentage of the population was 65 years and older in 2005.

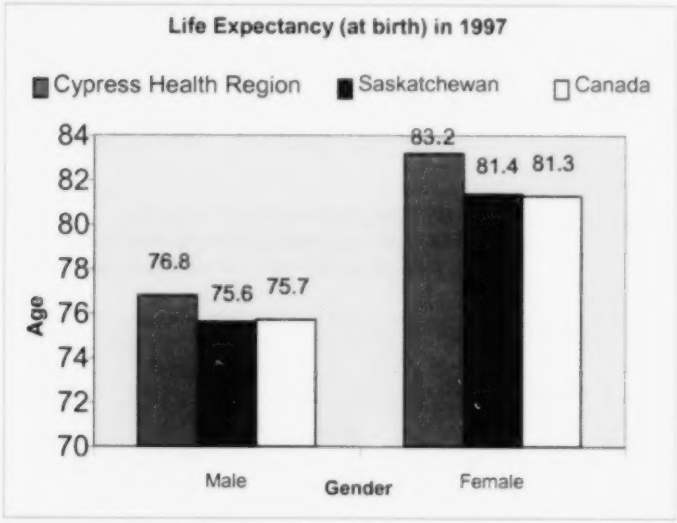
Smoking Rate

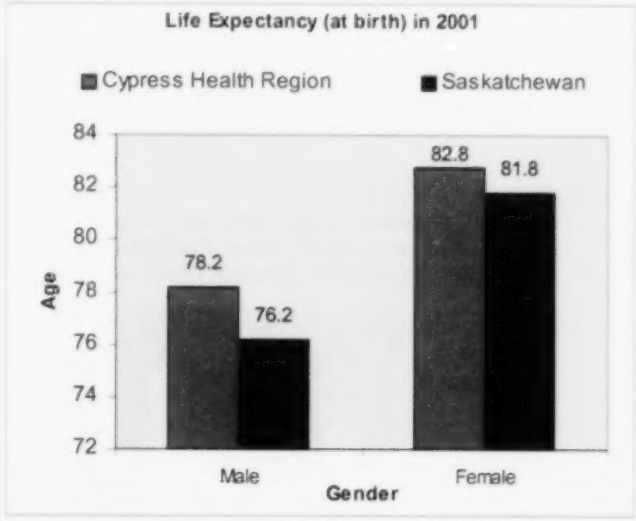
Among the male population only 22.3% can be classified as smokers. For the female population, 22.1% have been identified as smokers. In both instances, the percentage is below the average within Saskatchewan, when it comes to percentage of the population (age 12 and older) who are current (daily or occasional) smokers.



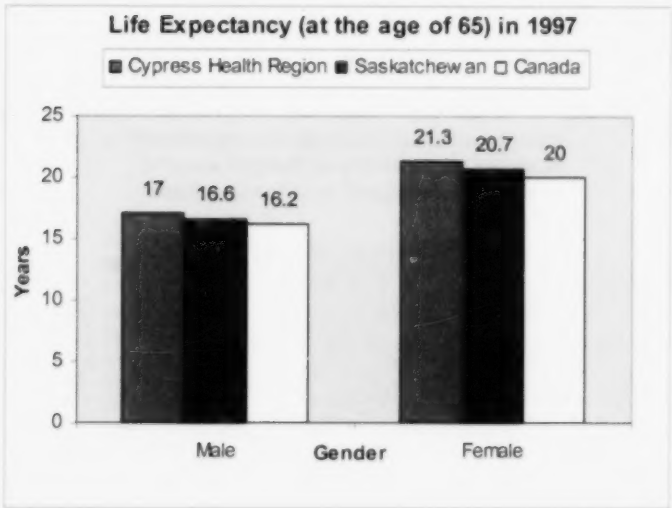
Life Expectancy

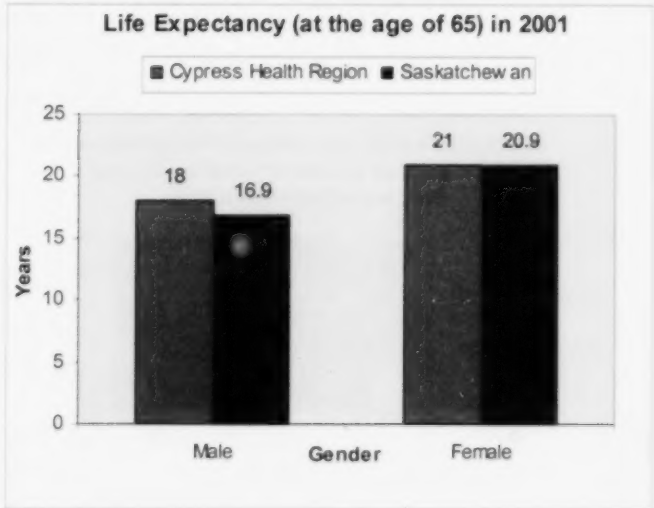
The life expectancy at birth within the Cypress Health Region is relatively higher than the averages of both Saskatchewan and Canada. Between 1997 and 2001, there was an increase seen in the average life expectancy of people in both the Cypress Health Region and Saskatchewan. Data for 2001 was not compiled for the national average. Overall, the health region compares favourably in this important health status indicator.





A similar pattern is also evident when looking at the statistics in regards to the average life expectancy at the age of 65. This has also increased in length between the years 1997 and 2001.

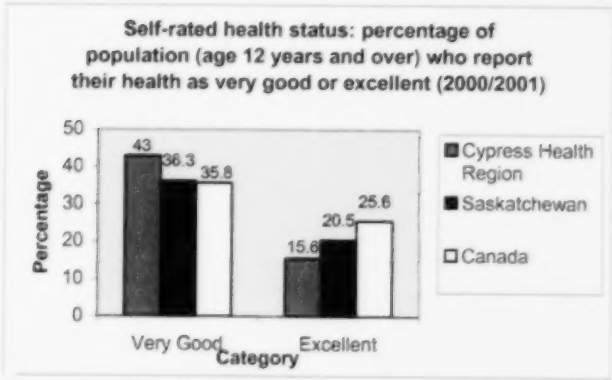


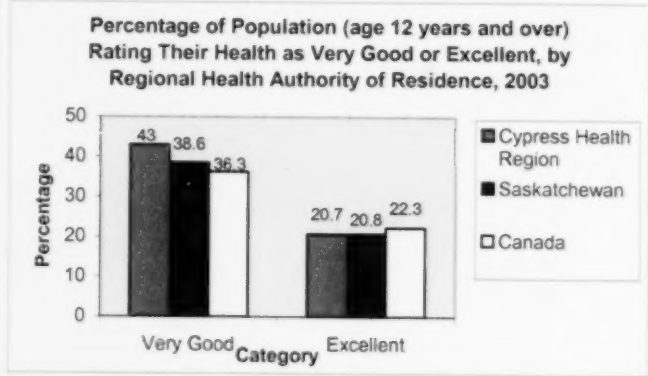


Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent.

It is always important to understand how the population within the region views their own health. In 2000/2001, the Cypress Health Region had 43% of residents that believed that their health status was "very good". This was higher than both the province and the Canadian average. When it came to classifying their health as "excellent" the Cypress Health Region had 15.6% of the population agreed. This is lower then the Saskatchewan and Canadian average.

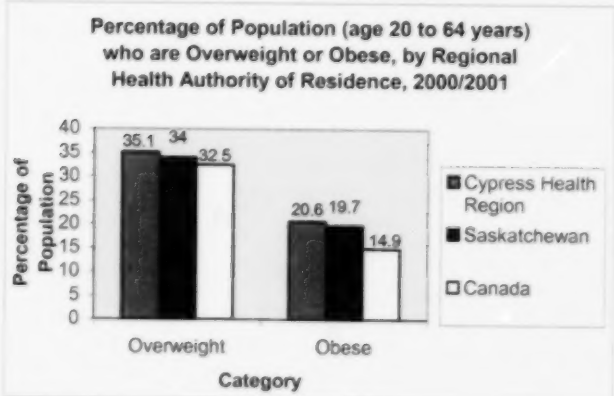
In 2003, the "very good" response rate in the region stayed the same at 43%. The large change came in the area of "excellent" responses. This percentage increased 5.1% from 2000/2001, to reach 20.7%.

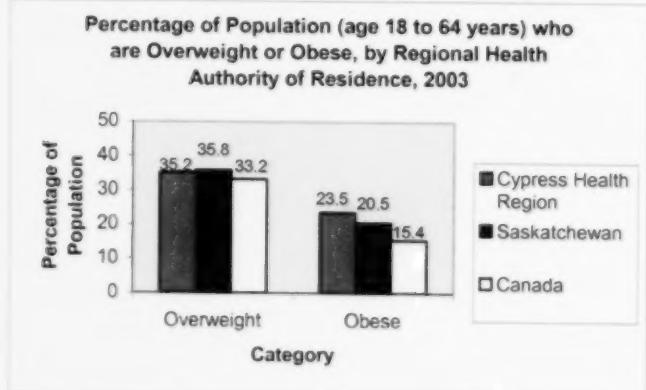




Percentage of Population (age 18 to 64 years) who are Overweight or Obese

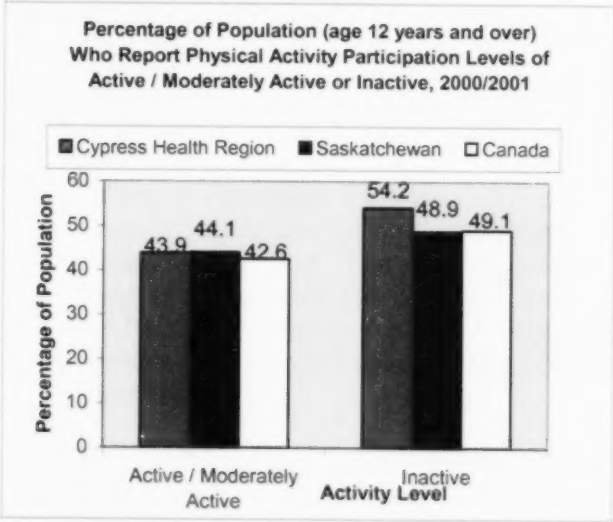
The weight of the populace is an important indicator for possible health issues within a region. The population in the Cypress Health Region has a higher percentage of overweight and obese people than the Saskatchewan average and the national average.

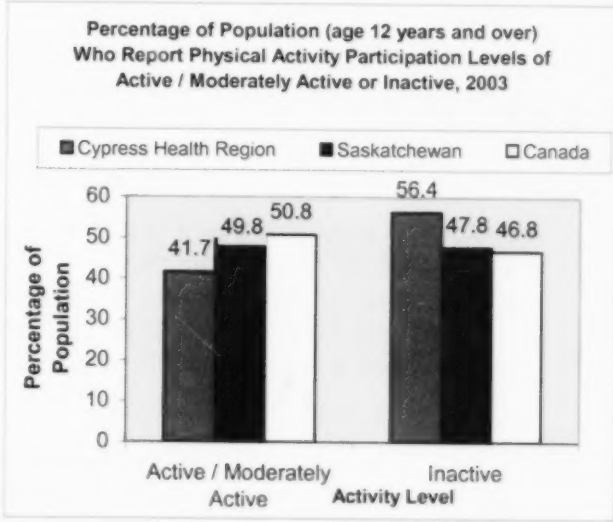




Percentage of Population (age 12 years and over) Who Report Physical Activity Participation Levels of Active / Moderately Active or Inactive

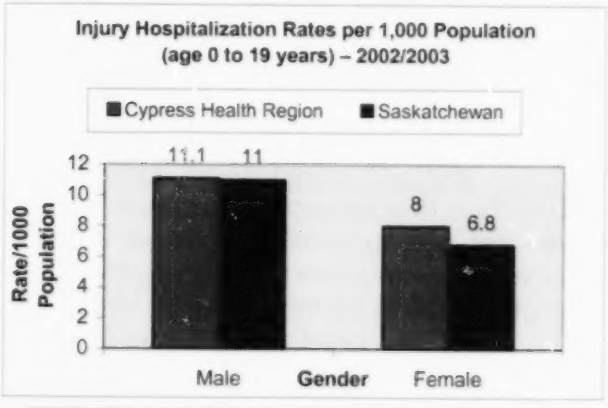
The Cypress Health Region rates lower then the Saskatchewan average and the Canadian average when it comes to people who are active or moderately active. More than half the population states that they consider themselves inactive. The inactive percentage within this region did not decrease from 2000/2001 to 2003; instead it actually increased 2.2%.

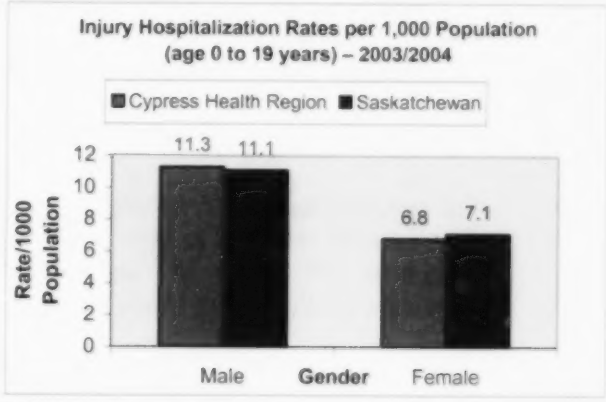




Injury Hospitalization Rates per 1,000 Population (age 0 to 19 years)

In 2002/2003, the Cypress Health Region had a greater average of injury hospitalization rates per 1,000 population then the province for females and was level with the provincial rate for males. When looking at 2003/2004, it is seen that the average for females in the region decreased and ended up lower then the Saskatchewan average. The amount of Injury Hospitalization Rates per 1,000 Population for males on the other hand was higher than the year prior.





Age-adjusted Diabetes prevalence rate per 1,000 population

As per 2003/04 data, the age-adjusted diabetes prevalence rate per 1,000 population for the Cypress Health Region was 49.1. This compares favorably to other health regions in the southern part of Saskatchewan. This figure is not expected to decrease in this region due to factors such as high obesity rate and high rate of inactivity.

Emerging Health Issues

Emerging health threats can happen at any location within the health region, province, nationally or internationally. In conjunction with Saskatchewan Health and Health Canada, the Cypress Health Region maintains an awareness of issues and deals with them on a priority basis.

Influenza Pandemic Planning

Planning continues for the "not if, but when" approach to the presence of an influenza pandemic situation. The region's preparations and planning for such an outbreak are done in conjunction with our municipal, provincial and national counterparts. During the fiscal year, region staff were involved with the City of Swift Current and Swift Current Ambulance to plan for a mock exercise that will focus on the presence of the "Bird Flu."

Promotional efforts regarding the benefits of maintaining annual influenza immunizations will continue to create greater demand for the immunizations among the general public.

West Nile Virus

Although the past couple of years have been much slower West Nile seasons following the large outbreak in 2003, public health officials and physicians remain alerted to the potential dangers of the West Nile Virus.

Chronic Diseases

The ever-increasing incidence of diabetes and cardiac concerns has caught the attention of health authorities across the province. The Health Quality Council and Safer Healthcare Now! offers opportunities to address the concerns created by chronic disease management – examples include the Chronic Disease Management Collaborative, post-AMI care, diabetes multidisciplinary clinic, cardiac education program, etc.

External Environment Factors

The continual depopulation of our rural areas, especially amongst our younger to middle-aged population groups, is a troubling trend in light of the ever-increasing shortage of health care professionals in the rural areas. This factor may lead to further challenges when attempting to recruit new or recent graduates to practice in rural (and remote) areas.

If the trending shortages for health care professionals continue in the rural areas, consideration of alternate care delivery processes may have to be brought to the forefront of discussion. Several of the region's facilities are facing barriers to maintaining a 24-hour service in lieu of decreasing registered nursing coverage.

The emphasis on patient and staff safety programming by provincial and federal governments may provide an opportunity to access specially targeted funding to address these issues. With the high incidence of health care worker injuries and incidents, the "safety" trend will need to continue to develop strategies for a safer workplace environment.

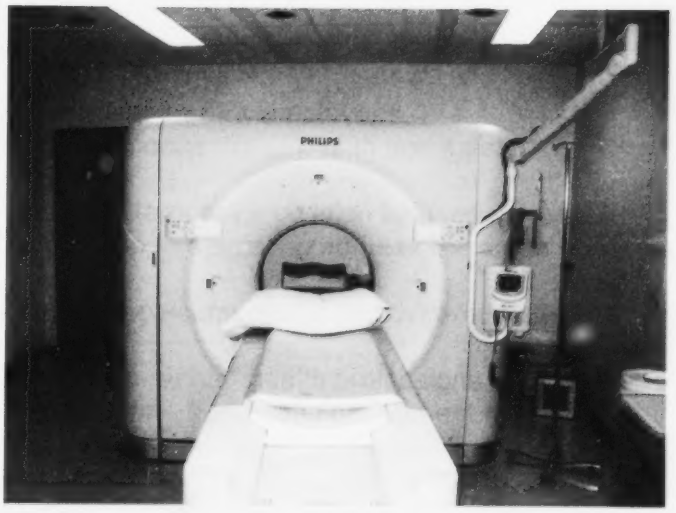
2005-06 RESULTS AT A GLANCE

The Cypress Health Region is supportive of the strategic direction set out in the provincial government's *Action Plan for Saskatchewan Health Care*. In consideration of this support, the Regional Health Authority developed a series of strategic statements that reflect the *Action Plan's* provincial approach to continuous improvement and our commitment to health care quality for the people of southwest Saskatchewan.

This section of the Annual Report will provide a brief overview of significant events and achievements that were realized through the 2005-06 fiscal year. These highlights will include performance management initiatives, operational accomplishments and financial achievements that were recognized. The achievements will be divided among the four strategic goal statements that are shared between the province's *Action Plan* and the Cypress Health Region.

Goal #1 – Improved Access to Quality Health Services

- Increased the number of computerized tomography (CT) scans by 1,300 over previous fiscal year
- Performed 100 additional surgeries over previous fiscal year – 107% of targeted number of surgeries.
- Achieved 6.4% increase in percentage of surgical cases performed as day surgeries.
- Achieved reduction in wait lists – no clients on surgical wait list for more than 12 months; significant reduction in wait times to access CT scans, ultrasound, endoscopy procedures.



- Expansion of renal dialysis program capacity by 50%.
- Initiation of 24-hour access to on-site emergency physician at Cypress Regional Hospital
- Attained 8 Emergency Medical Responder graduates from an educational program in an isolated community.
- Successful implementation of wound care management pilot project in long term care and home care programs.
- Initiated a series of public consultation meetings in rural communities to assess needs relating to the potential for primary health care site development

Goal #2 – Effective Health Promotion and Disease Prevention

- Involvement in the Health Quality Council's Chronic Disease Management Collaborative with 22% of the region's General Practitioners participating, exceeding the HQC objective of 10% participation rate.
- Expansion of Project Hope initiative – focused Health Promotion Coordinator position targeting mental well-being and substance use/abuse
- Consultation sessions regarding the further development and implementation of Population Health Promotion strategy
- Initiation of cardiac care education program and multidisciplinary diabetes clinic focusing on lower leg assessments
- Implementation of three new immunization programs for Varicella, Pneumococcal, and Influenza (ages 6-23 months).
- Provided a total of 8,691 influenza immunizations; achieved an increase of 8.0% influenza immunizations for identified target groups; achieved an increase of 16.45% in the provision of health region staff influenza immunizations.
- Implementation of self-study guide for infection control protocols for region staff.

Goal #3 – Retain, Recruit and Train Health Providers

- Implementation of Attendance Management Program – achieved 17.3% decrease in sick time utilization.
- Introduction of competency-based orientation for new employees.
- Expansion of quality workplace initiatives – occupational health and safety, workplace wellness coordination.
- Participation in Employee Opinion Survey – temporary position focused on results of survey and partnering with staff to develop strategies to address the areas of improvement.
- Provision of work experience and practicum placements for health care students and those in secondary education
- Successful in recruiting 54 identified "hard-to-recruit" health professions
- Implementation of Medical Affairs Coordinator – successful recruitment of specialist physicians and general practitioners
- Exceeded strategic goal regarding employee participation (goal = 30%) in aboriginal awareness education programs (achieved over 35% participation)
- Selection as pilot site for provincial voluntary aboriginal self-identification survey.

Goal #4 – A Sustainable, Efficient, Accountable Quality Health System

- Amalgamation of the Herbert Nursing Home, Inc. to the Cypress Health Region; initiation of capital construction project that will integrate the Herbert/Morse Hospital to the existing Herbert Nursing Home facility.
- Continuation of capital construction project for the new Cypress Regional Hospital – anticipated completion at end of 2006.
- Participation in Health Quality Council's Acute Care Patient Experience Survey.
- Long term care resident satisfaction survey – 97% satisfaction with overall quality of care received.
- Enhanced financial reports provided to local Community Trust Fund Advisory Committees.

CCHSA Surveyors' Comment:

"there is a sense of optimism from the work of the quality teams…..the leadership and quality teams of the Cypress Health Region are to be commended for their enthusiastic serious response to the 2004 survey"

- Engagement in quality initiatives – Canadian Council of Health Services Accreditation focused visit, Safer Healthcare Now, nursing model of care, medication reviews.
- Expansion of regional biomedical program to identify and manage the region's ongoing service and repair needs.

Financial Highlights

- Achieved a $306,213 surplus in the fiscal year 2005-06
- Negative working capital of $940,948 exists within the operating fund, creating a challenge to effectively allocate funds to address capital infrastructure needs.

2005-06 PERFORMANCE RESULTS

In conjunction with the four strategic goals developed within *The Action Plan for Saskatchewan Health Care*, an Accountability Document clearly establishes the responsibilities and expectations of Regional Health Authorities in coordinating health care services within their health regions. From the Accountability Document, a series of performance management indicators have been established to provide an evaluation tool to determine if expectations have been met.

This section of the Annual Report provides the opportunity to demonstrate accountability and communicate progress on the strategic goals as established in *The Action Plan*. In addition, it provides information to guide the region's priority setting and decision-making in moving towards the achievement of strategic objectives. It assists the health region in determining if their strategies and activities are effective and efficient.

Goal #1 – Improved Access to Quality Health Services

Enhancing the access to a wide range of health services is essential to ensure that individuals get the "right care in the right place at the right time."

HealthLine
1-877-800-0002

Primary Health Care

Since the development of the Vanguard, Hodgeville, and Leader Primary Health Care sites, the region has been very active promoting further development of primary health care throughout the region. Informational meetings have been held with municipal and community leaders in several rural communities including Maple Creek, Shaunavon, Ponteix, Herbert, Eastend and Climax. Without the formal development of an additional site since Leader became operational, the percentage of Cypress' population that had access to a primary health care site has remained relatively constant at 11%. Focus group meetings have been initiated with the community of Maple Creek to develop an assessment of their community's needs.

Surgical Waiting Time Reduction

The volume of surgical cases increased slightly over the previous fiscal year but the percentage of procedures performed as day surgery increased from 49% to 55.4%. These results may be attributed to the first full year of operation of the new dedicated Day Surgery Unit that was initiated in late November 2004. This positive trend is expected to continue to achieve similar inpatient to outpatient ratios at other Saskatchewan Regional Hospitals.

The percentage of Priority Level II surgical cases completed within the target timeframe marginally decreased to 71.3% from 72.6% in the previous year. However, recruitment efforts for additional surgical staff were less successful as desired and thus, during the majority of the 2005-06 fiscal year, there was only one general surgeon in the region that reduced our ability to respond rapidly. The performance of Level IV cases increased from 91.2% to 94.9% and Level VI cases remained unchanged. Positive recruitment of additional surgeons and anaesthetists has been a priority and the outlook is optimistic.

As of March 31, 2006, there were no clients on the surgical wait list that have been on the list for more than 12 months. The region did achieve 107% of their targeted number of surgeries for 2005-06, as determined by Saskatchewan Health.

Emergency Medical Care

An internal review of the region's Emergency Medical Services was completed in partnership with private EMS operators and Saskatchewan Health. The results of the review will be developed early in the next fiscal year.

The implementation of 24-hour access to an on-site emergency physician at the Cypress Regional Hospital was completed in April 2005. This coverage provides a high level of quality physician services at the facility, both for emergency outpatient patients and inpatient population.

Improved Hospital, Specialized, and Long Term Care
There was a reduction in wait lists for access to specialized services at the Regional Hospital – significant reductions in wait times for ultrasound and endoscopy procedures.

The targeted number of computerized tomography (CT) scans was increased by Saskatchewan Health from 3,500 to 3,810 in the 3rd quarter of 2005-06 based on volume and demand experienced in the first 2 quarters. The region achieved 96% of the revised target and performed a total of 1,300 more scans than the previous fiscal year. In comparison to 2004-05, 95% of a 2,500 target was achieved – thus, tremendous gains were realized.

The expansion of the renal dialysis program occurred in December 2005. The program was able to increase its services offered to dialysis patients and increase the program's capacity by 50%.

Long-term care programs received a highly successful implementation of a wound care management project. As part of a Health Quality Council funded pilot project, the project oversaw a multidisciplinary lower leg assessment clinic. This best practise is planned to become part of primary health care services with a Resource Nurse from each community trained and responsible for the lower leg assessment component.

Goal #2 – Effective Health Promotion and Disease Prevention
In addition to responding to immediate health care needs, the region must also proactively focus on strategies that promote healthy living and improve public and environmental health.

Promotion of Health and Disease Prevention
The 2005 Influenza Campaign was considered a success with a total of 8,691 immunizations provided by health care professionals. An increase of 8% in immunizations to identified at-risk target groups was witnessed, with an increase of 16.45% in the provision of health region staff immunizations. Almost ¾ of our senior population (69%) received their influenza immunization. Public awareness campaigns and increased communication strategies were acknowledged as successful precursors of the immunization campaign achievements.

Public Health Nursing services offered the implementation of three new immunization programs during 2005 – varicella (230 immunizations provided), pneumococcal, and influenza for children aged 6-23 months (382 immunizations provided)

Due to public health inspection staffing resource limitations, the percentages for public health inspections of licensed/regulated facilities was less than desired. The available public health inspectors' time was being utilized in additional "demand" services and thus, the routine inspections were not receiving the attention they needed. Aside from additional recruitment efforts for this hard-to-recruit health professional, the department will be developing a prioritization schedule for service mandates and service areas, combining types of inspections and other miscellaneous job assignment reviews.

With the implementation of revisions to The Tobacco Control Act in January 2005, the public health inspection department was thrust into the activities surrounding the implementation – inspections, assessment of businesses and facilities, etc.

Population Health's community dietitians and nutritionists developed an implementation plan for local breastfeeding initiatives and will be creating a strategic plan to achieve the standards in the World Health Organization's Breastfeeding Friendly Initiative.

Improve the Health of Populations at Risk

The region actively participated in the initial wave of the Health Quality Council's Chronic Disease Management Collaborative. A significant number of general practitioners from the health region signed on to the Collaborative with 22% of the total general practitioners participating – this exceeded the 10% target as set by HQC.

With the expansion of the Project Hope initiative in summer 2005, a focused health promotion position was added to emphasize strategy development targeting mental well-being and substance use/abuse.

Chronic disease management staff initiated cardiac care education program for post-AMI clients and their families, and a multidisciplinary approach to diabetes programming was implemented that focused on lower leg assessments.

Population health's physical and occupational therapy staff developed and implemented the "Put Your Best Foot Forward" program that addresses the prevention of falls in the community. The education/awareness program was provided to seniors, individual home care clients identified as being at risk for falls and long term care/home care/nurse practitioner staffing.

Goal #3 – Retain, Recruit and Train Health Providers

Our health region is facing similar challenges to other health authorities throughout the province and country in addressing issues related to attracting and retaining skilled health care professionals.

Improve Utilization and Availability

The Cypress Health Region employed approximately 1,600 staff members in 1084 full time equivalent (FTE) positions in 2005-06. Service Employee International Union (SEIU) staff comprised 69.3% of the total FTEs, with Saskatchewan Union of Nurses (SUN) comprising 18.6%, Health Sciences Association of Saskatchewan (HSAS) with 6.2%, and Non-Unionized staff assuming 6.0% of the FTEs.

Due to challenges being faced with the recruitment of physicians and specialists, a Medical Affairs Coordinator was implemented to address the issues and barriers associated with finding skilled general practitioners and specialty physicians.

Representative Workplaces

The health region was selected as the pilot site for the province's Voluntary Self-Identification Survey. The purpose of the survey is to assist in tracking the region's progress in building a diverse representative workforce and allow the region to determine the steps required to ensure the workforce is representative of the health region's population.

Activities continue to provide aboriginal awareness training to Cypress staff. A goal of 30% of region staff participating in the training was developed but the actual results were over 35% - training opportunities will continue in the next fiscal year.

Healthier, More Effective Workplaces

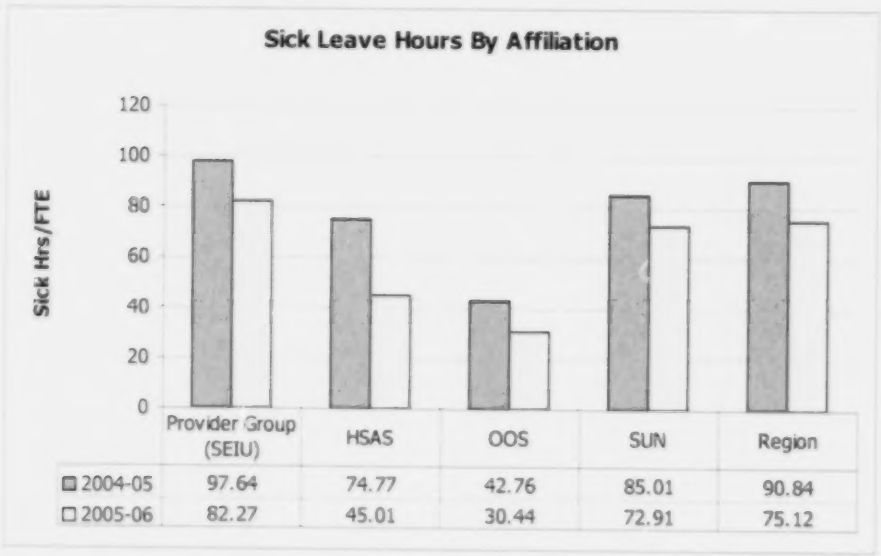
In October 2005, a Healthy Workplace Coordinator was hired to assist staff members in their achievement of a healthy lifestyle. The program's strategies are related to the Population Health Promotion's strategy areas of focus – i.e. active living, proper nutrition, positive mental well-being and reduced substance use/abuse.

The region participated in a May 2005 survey that measured the opinions of employees regarding their workplaces. A thorough review of the results will identify priority areas for improvement and in conjunction with employees, managers, and unions, the creation of workplace improvement initiatives will be developed.

The Ability Management Program and Occupational Health & Safety program staff work in unison to address safety concerns in the workplaces and emphasize the prevention of accidents/incidents before they occur. The region's Ability Management Program has been very successful in providing early intervention to minimize the length of absences due to workplace injuries. As a result, they have received the Workers' Compensation Board Merit Rebate Award in 2003, 2004, and 2005. This program was also a SAHO Green Ribbon Award winner for its efforts.

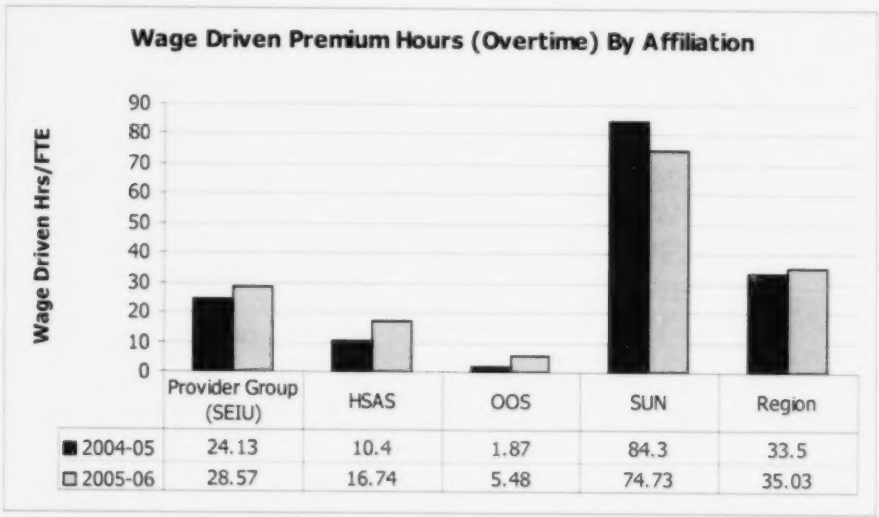
Both of these programs have been involved in developing strategies to reduce the WCB-related claims and injuries. During 2005-06, the number of lost-time WCB claims per 100 full time equivalents (5.63) and number of lost-time WCB days per 100 full time equivalents (235.99) increased slightly over the 2004-05 fiscal year, but remain in the top ¼ of the health regions in the province.

Sick leave utilization and the costs associated with absenteeism are areas that the region continues to work on improving. In April 2005 the Attendance Support Program was initiated to facilitate both managers and employees in their efforts to enhance regular attendance at work. Since the inception of the program, a decrease in sick leave utilization has been experienced when compared to the past fiscal year.



	Provider Group (SEIU)	HSAS	OOS	SUN	Region
2004-05	97.64	74.77	42.76	85.01	90.84
2005-06	82.27	45.01	30.44	72.91	75.12

The utilization of wage-driven premium hours (i.e. overtime) has increased in 2005-06 and could be attributed to vacancies, sick leave and other types of absences. The Attendance Support Program will be assisting managers to identify the drivers of overtime in various departments and facilities, which will then be used to develop a plan to address the overtime usage. Best practices will be identified and shared with others within the region.



	Provider Group (SEIU)	HSAS	OOS	SUN	Region
2004-05	24.13	10.4	1.87	84.3	33.5
2005-06	28.57	16.74	5.48	74.73	35.03

Goal #4 – A Sustainable, Efficient, Accountable, Quality Health System

One of the primary challenges in the health care environment is to maintain the sustainability of services in the face of ever-increasing expenditures. The Cypress Health Region is always reviewing its operating and capital budgets to determine any efficiencies that can be found.

Quality

At the same time, the region is proud of its commitment to quality health care services and the spirit of continually improving the programs it offers. The region participated in a series of quality initiatives throughout the fiscal year, including:

- Health Quality Council - Chronic Disease Management Collaborative, Long Term Care Medication Study, Diabetic Assessment Clinic, Cardiac Care Education Program, Infection Control Software System, TLQIT training sessions for Quality Team participants, Acute Care Patient Experience Survey.
- Safer Healthcare Now - Medication Reconciliation initiative, Post-AMI Care initiative
- Canadian Council of Health Services Accreditation – focused visit in October 2005; Patient Culture Assessment Survey. The health region will receive a visit from the Council in October 2007 for the next accreditation survey.
- Seamless Care Project; Nursing Model of Care (Ottawa Hospital, University of Saskatchewan)

The region's Quality of Care Coordinator position has been witnessing a substantial increase in the number of client contacts that have been directed to the position. In comparison to the 89 contacts received in the 2003-04 fiscal year, a 53% increase in contacts (i.e. 136) was received by the Coordinator during the 2004-05 fiscal year.

During the 2004-05 fiscal year, 79% of all concerns raised with the Quality Care Coordinator were resolved within a 30-day timeframe. This is slightly below the 81% success rate from the previous year. A success rate of 94.4% was achieved relating to the percentage of critical incidents that were reported to Saskatchewan Health within 3 working days.

Although an indicator has not yet been developed for the submission of critical incident reports within the 60 or 180-day timeframe, it is suggested that delays will be created due to the multidisciplinary review that is necessary with critical incident investigations. In addition, the time required to complete "root cause analyses" on some critical incidents add to the resulting time factor.

Governance and Accountability
Following an extensive consultation process with community, municipal and affiliate representatives, the Herbert Nursing Home Inc. amalgamated with the Cypress Health Region on December 30, 2005.

The Regional Health Authority works with Saskatchewan Health, the Minister of Health, the Minister of Healthy Living Services, other regional health authorities, and the Saskatchewan Association of Health Organizations to effectively plan and coordinate communication approaches to build public support and awareness for delivery of health care services.

Positive working relationships have been created with the regional and provincial media to provide the means for a joint exchange of information that is beneficial for both parties. A series of news releases and media interviews with a variety of media mediums (newspaper, radio, television) have been coordinated to assist in the distribution of information to staff, physicians and the public. The distribution of informational householder mailouts have been utilized to increase the public's awareness of issues pertaining to health services and programs.

Capital Construction Projects
The region was engaged in two major capital construction projects during the fiscal year. Work continues on the construction of the new Cypress Regional Hospital in Swift Current, which is anticipated to be completed at the end of 2006. (March 2006)

In addition, work was initiated in the fall of 2005 in Herbert, where a project will integrate the Herbert/Morse Hospital to the existing Herbert Nursing Home.

The enhancement of relationships with the Dr. Noble Irwin Regional Healthcare Foundation, municipal governments, community service groups and entire communities have been essential to the financing of the capital construction and capital infrastructure expenditures.

Financial Summary

Operating

The Region achieved its financial target of having a balanced operating budget. The year-end results show a small $306,213 operating fund surplus, of which $104,638 is used to make a mortgage payment and $42,139 was used for capital purchases, leaving $159,436 that was allocated to strengthen the Region's financial position.

Operating revenues totalled $86.1 million, of which provincial funding accounted for $76.9 million or 89% of the Regions total funding. The other 11% is mainly comprised of long-term care fees, out of province fees, and investment income. The large variance between budgeted revenues and actual revenues of $6.5 million is largely due to the settlement and retroactive pay of the union agreements and the implementation of an emergency on call program to provide the Cypress Regional Hospital with 24-hour physician coverage. Another significant variance is the out of province fees that were received from travellers returning to Saskatchewan for the Centennial celebrations that required the services of the Region.

Operating expenses totalled $85.8 million, an increase of $9.2 million (12%) over the previous year. The increase in operating expenses was due to collective bargaining agreement settlements, changes in medical remuneration including the emergency on call program, expanded renal dialysis services, expanded computed tomography (CT) capacity, the amalgamation of the Herbert Nursing Home Inc. into the Region's operations, enhancements to pharmacy services, and various initiatives to implement best practices.

Expenses in the program support funding pool amounted to 4.7% of the total operating expenditures of the health region. The performance target of less than 5% spent on program support expenditures has been achieved.

Capital

The Region acknowledges the Dr. Noble Irwin Regional Healthcare Foundation Inc., the municipalities throughout the Region, and all the community groups and individuals that have made possible the significant investments in the new Cypress Regional Hospital and the facility renovations in Herbert to integrate the Herbert Nursing Home Inc. with the Herbert/Morse Hospital. The community participation and fundraising in these two projects have been astounding.

Although the new Cypress Regional Hospital and the renovation in Herbert will address the infrastructure challenges for those two facilities, the Region has 18 other facilities that require major investments to ensure safe, patient care can be provided to the Region's clients. Detailed information regarding capital infrastructure requirements for the Region will be compiled and provided to Saskatchewan Health to assist in effectively planning for capital investments in the future.

Saskatchewan Health provided the Region with $600,000 to assist in purchasing capital equipment; however the replacement of equipment at the end of its useful life continues to be a challenge. The donations from community groups and individuals are greatly appreciated to help the Region meet some of its capital equipment needs.

Debt

The Region's financial position is not strong. Currently the Region has a negative working capital of $940,948 within the operating fund which is an indication that further efforts are needed to ensure the Region can be financially viable in the future.

The indicator as shown on page 63 ("*Number of days able to operate with working capital*") is another option to measure the financial viability of an organization. The Cypress Health Region currently has an indicator of -7.90 days, whereas a reasonable target would be, at a minimum, a positive number of days.

Long-term debt includes mortgages on long term care facilities throughout the Region in the amount $2.8 million.

FUTURE OUTLOOK/EMERGING ISSUES

The Cypress Health Region can look forward to improved performance on surgical indicators based on our ability to effectively retain surgeons and anaesthetists. Combined with this ability to retain specialists, the outlook is promising due to the investments made into surgical equipment over the past two years, the dedicated Day Surgery Unit, moving into the new Cypress Regional Hospital with improved space and working environment, and our involvement with the Provincial Surgical Information System project.

The implementation of the Nursing Practise Model will continue to address improved outcomes for nursing staff, patients and the organization, which will assist in making the region an employer of choice and provider of exceptional service.

Community hospitals and emergency medical services (EMS) play a critical role in the delivery of health services in a rural region such as our health region, as well as posing significant challenges. The ability to recruit and retain nurses, physicians, and other hard-to-recruit health professionals to rural communities will determine the sustainability of these facilities. The need to direct and maximize resources in the communities of Herbert, Shaunavon, Maple Creek and Leader will form the platform for discussions with our community partners and Saskatchewan Health into the future.

Issues pertaining to recruitment and retention are not expected to stray from the priority lists of decision makers. The expected levels of retirements among our experienced health care professionals will negatively contribute to the need to develop strategies to address the anticipated health human resource shortages.

The expansion of Primary Health Care teams and community sites is projected to increase over the next several years. Along with the tremendous interest that has been expressed by several communities in welcoming the primary health care initiatives to their communities, our health region is faced with several single-physician practices in smaller rural communities that will be difficult to recruit a permanent replacement into the community. However, the realization of expanded primary health care sites requires a combination of several key factors including physician participation, active community involvement, and a team approach to healthcare.

However, with the increased prevalence of risk factors that contribute to chronic diseases, the increased need to prevent and treat diseases such as diabetes and cardiac concerns will be an issue to deal with. The focused efforts on increasing the public's awareness of the risk factors for chronic disease are considered "upstream" efforts that sometimes take many years to prove their effectiveness. It can be assumed that quality organizations such as Health Quality Council, Safer Healthcare Now and the Accreditation Council will continue to emphasize quality and prevention into the future.

It is anticipated that compliance with the reporting requirements regarding quality of care concerns will increase in the future due to focused staff resources being directed to this area of priority. Although it is also anticipated that the overall demand for Quality of Care Coordinator services is going to substantially increase once clients are familiar with the process, it is assumed that quality initiatives will have a positive effect on the processes utilized by region staff.

The increased emphasis on the reduction of injuries and absences from work will create enhanced performance reporting in the sick time and WCB claim indicators. The focused efforts of the region's Attendance Management Program, Occupational Health and Safety programming, and Ability Management Program will assist in continuing the positive trending that is occurring.

Positive strides towards population health programming successes is anticipated. The further development and implementation of the Population Health Promotion strategies will guide the efforts of region staff and their community partners.

The transfer of programs and services to the new Cypress Regional Hospital in late 2006 will pose a series of challenges to implement changes in workflows and processes.

The Regional Health Authority has identified other capital construction projects as priorities for the upcoming provincial capital budgets. The securing of local funding for the 35% share of the bricks and mortar and 100% of the equipment for the replacement of long term care facilities in Swift Current will require major attention and dialogue with municipal and community partners.

The management of pressures associated with implementing research-based best practices and dealing with increased workloads in various services throughout the region is anticipated to increase in magnitude.

The Cypress Regional Health Authority and its employees will continue to provide a continuum of high quality health care services to the residents of southwest Saskatchewan. We will provide these services within the parameters of the challenges and/or limits that surround us – whether they are financial or human resource related.

We will continue to dedicate the resources available to us towards the attainment of our vision: ***Together – Your Health, Our Future.***

MANAGEMENT REPORT

Date: May 9, 2006

CYPRESS HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Cypress Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Brenda Schwan
Acting Chief Executive Officer

Darold Sturgeon, CA
Executive Director Finance

CYPRESS HEALTH REGION

Financial Statements for the Year Ending March 31, 2006

AUDITOR'S REPORT

To the Board of Directors, Cypress Regional Health Authority

We have audited the statement of financial position of the Cypress Regional Health Authority as at March 31, 2006 and the statements of operations and changes in fund balances and cash flow for the year then ended. The Health Authority Board and management are responsible for preparing these financial statements. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion these financial statements present fairly, in all material respects, the financial position of the Health Authority as at March 31, 2006 and the results of its operations and the changes in its fund balances and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Stark & Marsh

Chartered Accountants

Swift Current, Saskatchewan
May 9, 2006

CYPRESS REGIONAL HEALTH AUTHORITY

Statement of Financial Position
As at March 31, 2006

Statement 1

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2006	Total 2005
ASSETS					(Note 10)
Current Assets					
Cash and short-term investments (Schedule 2)	$ 7,162,304	$ 5,071,619	$ 1,074,550	$ 13,308,473	$ 9,342,046
Accounts receivable					
Sask Health General Revenue Fund	2,786,553	962,454	-	3,749,007	274,341
Other	825,447	607,144	-	1,432,591	1,173,522
Inventory	865,703	-	-	865,703	900,814
Prepaid expenses	276,535	-	-	276,535	235,605
Due from the capital fund	607,736	-	-	607,736	441,750
TOTAL CURRENT ASSETS	12,524,278	6,641,217	1,074,550	20,240,045	12,368,078
Long Term Investments (Schedule 2)	214,650	-	360,000	574,650	1,239,524
(Market $576,705; 2005 $1,241,996)					
Pledge receivable	-	8,932	-	8,932	13,397
Capital Assets (Note 3)	-	51,816,446	-	51,816,446	31,880,291
TOTAL ASSETS	$ 12,738,928	$ 58,466,595	$ 1,434,550	$ 72,640,073	$ 45,501,290
LIABILITIES AND FUND BALANCES					
Current Liabilities					
Accounts payable	$ 3,318,947	$ 3,047,618	$ -	$ 6,366,565	$ 2,091,180
Accrued salaries	4,086,805	-	-	4,086,805	1,966,384
Accrued vacation	5,115,201	-	-	5,115,201	4,427,358
Deferred revenue - Note 6	944,273	-	-	944,273	1,347,005
Due to operating fund	-	607,736	-	607,736	441,750
Current portion of long term debt - Note 5	-	122,706	-	122,706	83,944
Accrued mortgage interest	-	14,206	-	14,206	13,030
	13,465,226	3,792,266	-	17,257,492	10,370,652
Long Term Liabilities - Note 5	-	2,786,071	-	2,786,071	2,332,170
TOTAL LIABILITIES	13,465,226	6,578,337	-	20,043,563	12,702,822
Fund Balances					
Investment in capital assets	-	48,381,713	-	48,381,713	29,022,427
Externally restricted (Schedule 3)	110,988	1,949,132	1,434,550	3,494,670	2,044,445
Internally restricted (Schedule 4)	362,782	1,557,413	-	1,920,195	3,081,071
Unrestricted (deficit)	(1,200,068)	-	-	(1,200,068)	(1,349,476)
TOTAL FUND BALANCES - Statement 2	(726,298)	51,888,258	1,434,550	52,596,510	32,798,468
TOTAL LIABILITIES & FUND BALANCES	$ 12,738,928	$ 58,466,595	$ 1,434,550	$ 72,640,073	$ 45,501,290

Approved on behalf of the board of directors

(See accompanying notes to financial statements)

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES

For the year ended March 31, 2006

Statement 2

	Operating Fund			Restricted Funds			
	Budget 2006	Actual 2006	Actual 2005	Capital Fund 2006	Community Trust fund 2006	Total 2006	Total 2005
REVENUE	(Note 12)		(Note 10)				
Sask Health - General Revenue	$ 71,084,310	$ 76,753,324	$ 68,232,024	$ 13,001,152	$ -	$ 13,001,152	$ 3,074,212
Other Provincial Revenues	134,190	179,490	155,755	-	-	-	-
Federal Government Revenues	41,508	44,143	38,779	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	58,676	72,429	73,585	-	-	-	-
Patient Fees	6,704,694	7,166,076	6,677,692	-	-	-	-
Out of Province Revenue (Reciprocal)	436,694	587,180	413,404	-	-	-	-
Out of Country	30,970	46,044	31,585	-	-	-	-
Donations	45,520	62,389	83,220	1,640,512	-	1,640,512	418,735
Investment Revenue	150,000	232,607	162,218	51,619	43,204	94,823	69,727
Ancillary Revenue	-	-	-	-	-	-	-
Recoveries	758,361	869,177	670,541	-	-	-	-
Other Revenue	123,688	86,764	145,252	6,498,726	-	6,498,726	812,879
TOTAL REVENUES	79,568,611	86,101,623	76,684,055	21,192,009	43,204	21,235,213	4,375,553
EXPENSES							
Province Wide Acute Care Services	656,341	672,845	457,625	15,138	-	15,138	-
Acute Care Services	24,665,044	26,676,347	24,758,588	534,218	73	534,291	515,539
Physician Compensation - Acute Services	4,649,677	5,851,812	4,062,505	-	-	-	-
Supportive Services	27,256,953	29,031,362	26,055,975	773,610	4,138	777,748	714,622
Home Based Services - Supportive Care	4,880,151	5,178,970	4,797,387	116,527	-	116,527	97,797
Population Health Services	1,914,297	1,802,007	1,689,241	40,545	-	40,545	38,690
Community Health Services	3,741,628	3,813,790	3,343,518	85,810	-	85,810	76,929
Home Based Services - Acute & Palliative	573,147	610,514	566,150	13,737	-	13,737	11,507
Primary Health Care Services	3,129,774	3,310,270	2,834,957	74,481	-	74,481	60,040
Emergency Response Services	2,328,016	2,731,705	2,221,321	61,463	-	61,463	44,733
Mental Health Services - Inpatient	1,091,041	1,050,890	1,092,155	23,645	-	23,645	22,992
Addictions Services - Residential	-	-	-	-	-	-	-
Physician Compensation - Community Services	848,415	796,772	934,988	-	-	-	75,583
Program Support Services	3,612,757	4,012,067	3,532,417	-	-	-	-
Special Funded Programs	89,370	106,061	98,078	-	-	-	-
Ancillary & Sundry Expenses	150,000	150,000	150,000	-	-	-	-
TOTAL EXPENSES (Schedule 1)	79,568,611	85,796,410	76,594,905	1,739,174	4,210	1,743,384	1,658,432
Excess of revenue over expenses	$ -	305,213	89,150	19,452,835	38,994	19,491,829	2,717,121
Fund Balances, beginning of year		(885,734)	(744,374)	32,208,318	1,475,884	33,684,202	30,736,571
Interfund transfers - Note 14		(146,777)	(230,510)	227,105	(80,328)	146,777	230,510
Fund balances, end of year		$ (726,298)	$ (885,734)	$ 51,888,258	$ 1,434,550	$ 53,322,808	$ 33,684,202

(See accompanying notes to financial statements)

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF CASH FLOW

For the year ended March 31, 2006

Statement 3

	Operating Fund		Restricted Fund			
	2006	2005	Capital Fund	Community Trust Fund	Total 2006	Total 2005
Cash provided by (used in):	**Operating Activities**		**Financing and investing activities**			
Excess of revenue over expenditures	$ 306,213	$ 89,150	$ 19,452,836	$ 38,993	$ 19,491,829	$ 2,717,121
Net changes in non-cash working capital (Note 7)	1,284,327	1,140,118	1,662,676	-	1,662,676	1,305,296
Amortization of capital assets	-	-	1,581,549	-	1,581,549	1,498,362
Change long term investment to short term investment	354,872	-	-	360,000	360,000	65,552
	1,945,412	1,229,268	22,697,061	398,993	23,096,054	5,586,331
Purchase of capital assets						
Buildings/construction	-	-	(19,748,695)	-	(19,748,695)	(2,282,420)
Equipment	-	-	(1,769,009)	-	(1,769,009)	(1,534,425)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
Purchase of long-term investment	-	(65,552)	-	(50,000)	(50,000)	(29,540)
	-	(65,552)	(21,517,704)	(50,000)	(21,567,704)	(3,846,385)
Acquired debt from amalgamation with Herbert Nursing Home Inc.	-	-	585,988	-	585,988	-
Repayment of debt	-	-	(93,324)	-	(93,324)	(140,869)
Net increase (decrease) in cash and investments during the year	1,945,412	1,163,716	1,672,021	348,993	2,021,014	1,599,077
Cash and investments, beginning of year	5,363,669	4,430,463	3,172,493	805,685	3,978,378	2,148,790
Interfund transfers (Note 14)	(146,777)	(230,510)	227,105	(80,328)	146,777	230,510
Cash and investments, end of year	$ 7,162,304	$ 5,363,669	$ 5,071,619	$ 1,074,550	$ 6,146,169	$ 3,978,377
Amounts in cash balances						
Cash and short-term investments	$ 7,162,304	$ 5,363,669	$ 5,071,619	$ 1,074,550	$ 6,146,169	$ 3,978,377

(See accompanying notes to financial statements)

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2006

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed The *Regional Health Services Act* (Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

The Cypress Regional Health Authority (RHA) was created by the Act. The Cypress Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of health services it is to provide (The Act section 27) within the geographic area known as the Cypress Health Region.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies.

a) Amalgamation of Organizations

The Act and regulations under the Act assign the Cypress Regional Health Authority the responsibility to co-ordinate and deliver certain institutional and community based health services. To meet this responsibility the Herbert Nursing Home Inc. was amalgamated with the Cypress Regional Health Authority, effective December 30, 2005.

b) Health Care Organizations

i) The RHA has agreements with and grants funding to the following Community Based Organizations (CBOs) and third parties to provide health services:

McKerracher Support Services Inc.
Canadian Mental Health Association
Ponteix Ambulance
Swift Current Ambulance
Gull Lake Ambulance
Frontier Ambulance
Val Marie Ambulance

Note 9 b) i) provides disclosure of payments to CBOs and third parties.

ii) The following affiliates are incorporated as follows (and are registered charities under the *Income Tax Act)*:

Herbert Nursing Home Inc.
Foyer St. Joseph's Nursing Home Inc.

The RHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding these affiliates.

These affiliates are not consolidated into the RHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliates. The Herbert Nursing Home Inc. information is stated as to December 29, 2005.

The affiliate, Herbert Nursing Home Inc., amalgamated with the RHA on December 30, 2005. Note 10 b) provides supplementary information on the assets, liabilities and fund balances that were aggregated with the Regional Health Authority's.

iii) The Dr. Noble Irwin Regional Healthcare Foundation Inc. (the Foundation) is incorporated under *The Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act*.

Under the Foundation's Articles of Incorporation, the activities of the Foundation are restricted to providing funding for the betterment of healthcare for the people of Southwest Saskatchewan.

The RHA has an agreement with the Foundation to be the principle fundraising body for the RHA. The RHA provides financial support to the Foundation through an annual fee for service.

These financial statements do not consolidate the financial activities of the Foundation. Alternatively, Note 9 b) iii) provides supplementary information of the Foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are deferred and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	3%
Land improvements	10 %
Equipment	10 %
Information systems	10 %
Vehicles	20 %

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are valued at cost as determined on the first in, first out basis.

f) Investments

Investments are valued at the lower of cost or market.

g) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

j) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

3. Capital Assets

	March 31, 2006			March 31, 2005
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 1,412,078	$ -	$ 1,412,078	$ 1,358,849
Land Improvements	721,265	581,288	139,977	155,419
Buildings	40,141,394	18,708,888	21,432,506	21,323,792
Equipment	26,469,769	18,413,617	8,056,152	7,096,909
Information systems	581,184	270,987	310,197	299,883
Vehicles	841,835	697,737	144,098	180,122
Construction in progress	20,321,438	-	20,321,438	1,465,318
	$ 90,488,963	$ 38,672,517	$ 51,816,446	$ 31,880,292

4. Commitments

a) Capital Assets Acquisitions

At March 31, 2006, commitments for acquisition of capital assets were $24,898,980 (2005 - $39,697,170).

b) Operating Leases

The minimum annual rental under operating leases on property over the next five years on which the Ponteix Health Centre is located is one dollar for each year. The land is rented from Les Soeurs de Notre Dame d'Auvergne. The lease term is for twenty years effective March 1, 1997 with an option for the Board to renew the lease for a further twenty years on an annual basis. The Board is required to maintain appropriate general liability insurance for the premises.

5. Mortgage Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Oustanding 2006	2005
Cypress Lodge Nursing Home CMHC, due February 1, 2023	7.50%	$31,638 principal and interest	$ 305,102	$ 313,853
Gull Lake & District Special Care Home CMHC, due August 1, 2026	8.00%	$44,751 principal and interest	454,007	462,655
Herbert Nursing Home CMHC, due February 1, 2020	4.52%	$55,947 principal and interest $15,952 is subsidized by SHC yielding and effective interest rate of 2%	578,446	-
Prairie View Health Centre CMHC, due June 1, 2022	4.17%	$26,370 principal and interest $9,333 is subsidized by SHC yielding and effective interest rate of 1%	311,633	323,313
Swift Current Care Centre CUCORP, due October 1, 2019 Renewal date - October 1, 2014	5.15%	$104,592 principal and interest	1,009,211	1,060,375
Western Senior Citizen Home CMHC, due February 1, 2025	8.00%	$25,484 principal and interest	250,378	255,918
			2,908,777	2,416,114
Less : Current Portion			122,706	83,944
			$ 2,786,071	$ 2,332,170

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years is estimated as follows:

2007 - $ 122,706
2008 - 124,874
2009 - 132,156
2010 - 147,969
2011 - 156,525 2012 and subsequent years - $2,224,547

6. Deferred Revenue

Program	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Of Year
SASK HEALTH				
Aboriginal Awareness	$ 2,685	$ 2,685	$ -	$ -
Team Facilitator	46,674	55,630	78,600	69,644
Professional Development	98,039	27,258	-	70,781
Primary Care Funding	171,320	140,200	-	31,120
Aboriginal Representative Workforce	25,000	59,916	67,353	32,437
Successful Mothers funding	12,607	-	-	12,607
Smoking transitional funding	17,460	9,375	-	8,085
Quality Workplace	92,250	115,725	185,100	161,625
HIPA Implementation	20,500	2,860	-	17,640
MDS Home Care Pilot	100,000	38,855	-	61,145
Primary Care Team development	100,000	-	-	100,000
Emergency Deptartment Coverage	550,000	1,094,842	556,731	11,889
Healthline Promotion	3,500	3,500	7,500	7,500
RNNP Leader Project	35,358	159,410	178,900	54,848
Primary Care Admin	-	115,181	145,000	29,819
Enhanced Public Health	-	9,375	55,500	46,125
Home Care Accord	-	5,028	50,000	44,972
Immunization Management	-	-	9,000	9,000
Project Hope	-	4,846	35,000	30,154
Safety Engineered Sharps Device Implementation	-	-	43,254	43,254
Total Sask Health	**$ 1,275,393**	**$ 1,844,686**	**$ 1,411,938**	**$ 842,645**
OTHER				
ABI Program Funding	$ 43,586	$ 13,313	$ -	$ 30,273
Recruitment /Rention	5,622	-	-	5,622
Mental Health Conference	11,640	-	-	11,640
Quality Workplace - SRNA	10,764	-	-	10,764
Whose Job is it Anyway	-	-	5,500	5,500
SGI settlement (Mankota)	-	-	37,829	37,829
Total Other	**$ 71,612**	**$ 13,313**	**$ 43,329**	**$ 101,628**
Total Deferred Revenue	**$ 1,347,005**	**$ 1,857,999**	**$ 1,455,267**	**$ 944,273**

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund and other revenue is recorded as revenue as the related costs are incurred

7. Net Changes in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2006	2005	Capital Fund	Community Trust Fund	Total 2006	Total 2005
(Increase) Decrease in accounts receivable	$ (2,164,137)	$ 560,389	$ (1,569,599)	$ -	$ (1,569,599)	$ 1,300,830
(Increase) Decrease in inventory	35,111	(72,833)	-	-	-	-
(Increase) Decrease in prepaid expenses	(40,930)	(105,781)	-	-	-	-
(Increase) Decrease in other current assets	(165,986)	-	4,465	-	4,465	4,466
Increase (Decrease) in accounts payable	1,214,737	(112,741)	3,227,810	-	3,227,810	-
Increase (Decrease) in accrued salaries	2,120,421	(327,692)	-	-	-	-
Increase (Decrease) in vacation payable	687,843	311,875	-	-	-	-
Increase (Decrease) in deferred revenue	(402,732)	886,901	-	-	-	-
	$ 1,284,327	$ 1,140,118	$ 1,662,676	$ -	$ 1,662,676	$ 1,305,296

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2006 was $32,312 (2005- $49,173).

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

	2006	2005
Revenues		
Saskatchewan Government Insurance	$ 148,643	$ 112,054
Sask Worker's Comp Board	149,276	110,432
Related Party Revenues	$ 297,919	$ 222,486
Expenditures		
SaskTel	$ 453,524	$ 444,599
SaskPower Corp	367,941	341,164
Saskatchewan Association of Health Organizations	3,208,252	3,971,597
Saskatchewan Energy Corp	634,732	628,589
Sask Property Management	670,342	603,074
Sask Worker's Comp Board	970,270	1,067,173
Sask Health Employees Pension Plan	2,799,031	1,277,207
Related Party Expenses	$ 9,104,092	$ 8,333,403
Accounts Payable		
SaskTel	$ 76,989	$ 36,324
SaskPower Corp	27,680	25,428
Saskatchewan Association of Health Organizations	502,959	196,942
Saskatchewan Energy Corp	75,149	76,961
Sask Property Management	15,524	26,430
Sask Worker's Comp Board	86,079	81,459
Sask Health Employees Pension Plan	226,448	198,348
Related Party Payable	$ 1,010,828	$ 641,892

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Community Based Organizations (CBOs) and Third Parties

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

	2006	2005
McKerracher Support Services Inc	$ 100,417	$ 97,081
Canadian Mental Health Association	106,646	102,752
Gull Lake Ambulance	91,777	75,143
Ponteix Ambulance	146,938	124,795
Val Marie Ambulance	67,440	60,112
Frontier Ambulance	85,291	61,871
Swift Current Ambulance	592,358	507,246
	$ 1,190,867	$ 1,029,000

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. The following presentation discloses the amount of funds granted to each affiliate:

	2006	2005
Herbert Nursing Home Inc	$ 1,339,469	$ 1,686,093
Foyer St. Joseph Nursing Home	1,214,857	1,118,845
	$ 2,554,326	$ 2,804,938

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2006 and 2005 and for the years then ended. For the purposes of this year's statements the Herbert Nursing Home Inc. information is reflected to December 29, 2005 as it was amalgamated with the RHA on December 30, 2005:

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2006

	Total 2006	Total 2005
Balance Sheet		
Assets	$ 920,470	$ 796,039
Net Capital Assets	940,802	954,182
Total Assets	$ 1,861,272	$ 1,750,221
Total Liabilities	$ 950,624	$ 934,899
Total Net Assets (Fund Balances)	910,648	815,322
Total Liabilities & Fund Balances	$ 1,861,272	$ 1,750,221
Results of Operations		
RHA Grant	$ 2,554,326	$ 2,804,938
Other Revenues	950,015	1,136,052
Total Revenue	3,504,341	3,940,990
Salaries & Benefits	2,957,717	3,374,619
Other Expenses	352,356	482,212
Total Expenses	$ 3,310,073	$ 3,856,831
Excess Revenue over Expenses	$ 194,268	$ 84,159
Cash Flows		
Cash from Operations	$ 100,086	$ 130,448
Cash used in Financing Activities	(91,974)	(60,067)
Cash provided by (used in) Investing Activities	85,854	(1,173)
Increase/(Decrease) in cash	$ 93,966	$ 69,208

iii) Fundraising Foundations

Fundraising efforts are undertaken through a non-profit business corporation known as the Dr. Noble Irwin Regional Healthcare Foundation (the Foundation). The RHA has an economic interest in the Foundation. The Foundation's total expenses include contributions of $116,963 (2005 - $406,065) to the RHA. The Foundation has committed approximately $1.66 million for the construction of the new regional hospital, and $3.62 million for the purchase of equipment and furnishings for the new regional hospital.

10. Comparative Information

a) Certain 2004-05 balances have been reclassified to conform to the current year's presentation.

b) As described in Note 2a) the RHA amalgamated with the Herbert Nursing Home Inc. during the year. By aggregating the financial statements of the controlling organization with those of the reporting organization, the assets and liabilities of the Herbert Nursing Home Inc. have been included in the financial statements for the 2006 fiscal year effective December 30, 2005. The figures aggregated within the financial statements for the RHA are as follows:

Assets	$ 974,747
Liabilities	759,746
Fund Balances	
- Operating Fund	(5,052)
- Restricted Funds	220,053

The Region acquired the Herbert Nursing Home Inc. from the Mennonite Church of Saskatchewan for the purchase price of $215,000.

11. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP)- This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $2,878,271 (2005 - $2,735,736) and is included in benefits in Schedule 1.

12. Budget

The RHA Board approved the 2005-06 budget plan on May 24, 2005.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature

  cash and short-term investments
  accounts receivable
  accounts payable
  accrued salaries and vacation payable

- For investments, the fair value is considered to approximate quoted market values.

- The fair value of mortgages payable before the repayment required within one year is $3,021,668 (2005 - $2,580,112) and is determined using the discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements

d) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit limit of $1,300,000 (2005 - $1,300,000) with an interest charged at prime less 1/2% which is re-negotiated annually. The line-of-credit is secured by region assets. Total interest paid on the line-of-credit in 2006 was $ nil (2005 - $ nil).

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2006			2005		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ 72,000	$ (72,000)	$ (63,821)	$ 69,697	$ (5,876)
Capital asset purchases	(42,139)	50,467	(8,328)	-	-	-
CMHC reserves	-	-	-	-	-	-
Mortgage payments	(104,638)	104,638	-	(160,830)	160,830	-
Other	-	-	-	(5,859)	5,859	-
	$ (146,777)	$ 227,105	$ (80,328)	$ (230,510)	$ 236,386	$ (5,876)

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $1,434,550 (2005 - $1,475,884) under these agreements.

Following is the status of the trust funds at March 31, 2006:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. The pre-amalgamation agreements outline how the funds are to be used and administered.

17. Contingent Liability

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time there are outstanding reconsiderations on which the Steering Committee has yet to reach a final decision. The results of outstanding reconsiderations are currently unknown therefore; the cost of these reconsiderations cannot be reasonably determined.

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Expenses

Schedule 1

For the year ended March 31, 2006

	Budget 2006	Actual 2006	Actual 2005 (Note 10)
Operating:			
Board costs	$ 157,000	$ 80,842	$ 128,609
Compensation - Benefits	8,872,330	9,714,984	8,445,879
Compensation - Salaries	47,268,977	51,735,975	47,324,623
Diagnostic imaging supplies	232,950	151,127	154,400
Drugs	913,995	1,016,412	915,066
Food	1,538,184	1,461,033	1,368,339
Grants to ambulance services	923,771	988,628	832,667
Grants to third parties	3,484,108	2,990,479	3,209,273
Housekeeping and laundry supplies	665,301	703,834	603,914
Information technology contracts	217,808	198,860	175,661
Insurance	258,537	222,015	235,780
Interest	5,000	13,012	10,055
Laboratory supplies	697,285	817,554	704,129
Medical and surgical supplies	1,500,879	1,514,416	1,324,535
Medical remuneration and benefits	5,410,632	6,555,902	4,922,343
Office supplies and other office costs	924,314	968,047	805,593
Other	994,525	1,104,872	769,455
Other referred out services	81,948	69,080	35,440
Professional fees	470,530	530,568	441,952
Prosthetics	178,000	253,070	204,330
Purchased services	80,284	69,736	70,927
Rent/lease costs	451,959	479,291	393,557
Repairs and maintenance	920,864	929,177	696,616
Service contracts	490,929	328,630	344,689
Travel	887,906	982,952	764,080
Utilities	1,940,595	1,914,914	1,712,993
	$ 79,568,611	$ 85,795,410	$ 76,594,905
Restricted :			
Amortization		$ 1,581,549	$ 1,498,362
Loss/(Gain) on disposal of fixed assets		-	-
Mortgage interest expense		157,625	152,509
Other		4,210	7,561
		$ 1,743,384	$ 1,658,432

CYPRESS REGIONAL HEALTH AUTHORITY

SCHEDULE OF CONSOLIDATED INVESTMENTS

For the year ended March 31, 2006

Schedule 2

	Amount	Maturity	Effective Rate
Restricted Investments			
Cash and Short Term			
Chequing and Savings :			
Cucorp	$ 3,518,481		
Royal Bank (Shaunavon)	262,450		
Sandhills Credit Union (Leader)	117,454		
Cypress Credit Union (Maple Creek)	45,310		
Credit Union (Eastend)	10,250		
Royal Bank (Climax)	27,380		
Herbert Credit Union	26,569		
CIBC (Manikota)	61,669		
	$ 4,070,883		
Short Term Investments :			
Eastend Credit Union	$ 150,000	31/08/2006	2.83%
Farm Credit Corp	1,468,579	24/05/2006	
Home Trust Company GIC	60,000	01/11/2006	3.60%
CIBC (Manikota)	36,708	06/06/2006	2.50%
Cypress Credit Union (Maple Creek)	360,000	07/02/2007	3.80%
	$ 2,075,287		
Total Cash & Short Term Investments	$ 6,146,170		
Long Term			
Cypress Credit Union (Maple Creek)	$ 360,000	07/02/2008	4.00%
	$ 360,000		
Total Restricted Investments	**$ 6,506,170**		
Unrestricted Investments			
Cash and short term			
Chequing and savings			
CuCorp	$ 5,523,091		
Herbert Credit Union	8,645		
Petty Cash	7,360		
Petty Cash (Trust)	1,250		
RBC Dominion Securities	2,415		
BMO Nesbitt Burns	365		
	$ 5,543,126		
Short Term Investments			
Farm Credit Corp	$ 1,345,680	24/05/2006	
Canada Savings bond	45,000	01/11/2006	2.00%
National Bank of Canada	12,500	29/01/2007	5.05%
Government of Canada Treasury Bills	215,997	09/07/2006	2.76%
	$ 1,619,177		
	$ 7,162,303		
Long Term			
Canada Savings Bond	$ 200,000	01/11/2007	2.00%
Various Membership Equities	14,650		
	$ 214,650		
Total Unrestricted Investments	**$ 7,376,953**		
Total Investments	**$ 13,883,123**		
Restricted & Unrestricted Totals			
Total Cash & Short Term	$ 13,308,473		
Total Long Term	574,650		
Total Investments	**$ 13,883,123**		

Restricted investments consist

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Department of Community Resources and Employment)(SHC) are held in the Capital Fund (Schedule 4)
- Donations and internally restricted reserves

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

For the year ended March 31, 2006

Schedule 3

OPERATING FUND

Items in Fund	Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Donations and Palliative Care	$ 100,960	$ -	$ 62,389	$ (38,361)	$ (14,000)	$ 110,988
Total Operating fund	$ 100,960	$ -	$ 62,389	$ (38,361)	$ (14,000)	$ 110,988

CAPITAL FUND

Items in Fund	Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Donations	$ 208,348	$ 5,771	$ 1,640,512	$ (171,933)	$ -	$ 1,682,698
SHIN Capital Fund	259,254	7,181	-	-	-	266,434
Total Capital Fund	$ 467,602	$ 12,951	$ 1,640,512	$ (171,933)	$ -	$ 1,949,132

COMMUNITY TRUST FUND

Items in Fund	Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Leader Hospital	$ 104,720	$ 1,219	$ -	$ -	$ (8,328)	$ 97,612
Maple Creek Hospital	586,361	18,219	-	(73)	-	604,207
Shaunavon Hospital & Care Centre	255,700	6,750	-	-	-	262,450
Cypress Lodge	153,458	8,644	-	-	-	162,102
Eastend Wolf Willow Health Centre	156,258	4,270	-	(18)	(260)	160,250
Western Senior Citizens Home	23,526	145	-	-	(3,830)	19,842
Border Health Centre	26,676	704	-	-	-	27,380
Herbert/Morse Hospital	73,287	1,043	-	-	(72,000)	2,330
Prairie View Health Centre (Mankota)	96,198	2,209	-	(30)	-	98,377
Total Community Trust Fund	$ 1,475,884	$ 43,204	$ -	$ (121)	$ (84,417)	$ 1,434,550
Total Externally Restricted Revenue	**$ 2,044,446**	**$ 56,155**	**$ 1,702,901**	**$ (210,415)**	**$ (98,417)**	**$ 3,494,670**

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Funds

(Capital and Operating Fund Equity)

For the year ended March 31, 2006

Schedule 4

OPERATING FUND

Items in Fund	Balance, beginning of year	Investment income	Donations	Expenses	Withdrawals	Balance, end of of year
Home Care Education	$ 7,960	$ -	$ -	$ -	$ -	$ 7,960
Addiction Services	6,844	-	-	-	-	6,844
Education Reserves	81,468	-	-	-	-	81,468
Home Care Stabilization	223,005	-	-	-	-	223,005
Information Technology Reserve	43,505	-	-	-	-	43,505
Total	$ 362,782	$ -	$ -	$ -	$ -	$ 362,782

CAPITAL FUND

Items in Fund	Balance, beginning of year	Investment income	Received From Health	Expenses	Withdrawals	Balance, end of of year
Cypress Regional Hospital Fire Code	$ 402,175	$ 11,139	$ -	$ -	$ -	$ 413,314
Ambulance Replacement	99,544	2,757	-	-	-	102,301
Eastend Wolf Willow Health Centre	50,182	1,390	-	-	-	51,572
Information Technology Reserve	10,206	283	-	-	-	10,489
Maple Creek Fire Code	6,000	-	-	-	-	6,000
Infrastructure funding	388,082	-	-	336,766	-	51,316
Capital Funding Fiscal 2004-05	297,195	-	-	275,755	-	21,440
First Ministers Allocation	860,497	-	-	860,497	-	-
Diagnostic Imaging Funding	250,000	-	-	140,191	-	109,809
Surgery/Diagnostic Equipment funding	50,000	-	-	50,000	-	-
General Capital	-	14,668	-	-	-	14,668
Capital Funding Fiscal 2005-06	-	-	600,000	220,894	-	379,106
Total	$ 2,413,881	$ 30,237	$ 600,000	$ 1,884,103.08	$ -	$ 1,160,015

CAPITAL FUND - SHC Replacement Reserves

Items in Fund	Balance, beginning of year	Investment income	Annual Allocation	Transfer to unrestricted fund expenses	Transfer to investment in capital asset fund balance	Balance, end of of year
Cypress Lodge	$ 128,278	$ 3,553	$ -	$ -	$ (10,234)	$ 121,597
Gull Lake Special Care Centre	98,054	2,716	-	-	-	100,770
Western Senior Citizen Home	78,076	2,162	-	-	-	80,238
Herbert Nursing Home	-		10,234	-	84,559	94,793
Total	$ 304,408	$ 8,431	$ 10,234	$ -	$ 74,325	$ 397,398
Total Internally Restricted Funds	**$ 3,081,072**	**$ 38,668**	**$ 610,234**	**$ 1,884,103**	**$ 74,325**	**$ 1,920,195**

The RHA is required to maintain certain replacement reserves as a condition of receiving a subsidized mortgage from the Saskatchewan Housing Corporation.

The above schedule reflects the changes in these reserve balances during the year.

CYPRESS REGIONAL HEALTH AUTHORITY

CONSOLIDATED SCHEDULES OF

BOARD REMUNERATION, BENEFITS, AND ALLOWANCES

For the year ended March 31,2006

Schedule 5

Board Member	2006 Retainer & Per Diems	2006 Benefits [1]	2006 Other Expenses	2006 Total	2005 Retainer & Per Diem	2005 Benefits & other Expenses	2005 Total
Chairperson							
Lefrancois, Dennis	$ 18,711	$ 3,589	$ 3,357	$ 25,657	$ 27,397	$ 10,814	$ 38,211
Board Member							
Dag, Bruce	2,175	301	178	2,654	2,950	928	3,878
Donnelly, Lois	3,738	586	274	4,598	2,200	287	2,487
Elderkin, Barry	5,338	2,671	3,692	11,701	4,225	4,601	8,826
Etter, Shirley	600	306	490	1,596	4,832	4,279	9,111
Goddard, Betty	3,775	1,156	1,340	6,271	5,686	2,923	8,589
Haag, Ronald	2,788	230	275	3,293	4,200	1,016	5,216
Johnson, Ronald	-	-	-	-	3,375	3,392	6,767
MacArthur, Allan	4,225	1,818	-	6,050	7,025	3,607	10,632
Thibault, Alma	725	175	262	1,162	3,522	2,447	5,969
Whiteside, Brian	2,813	256	18	3,086	2,998	256	3,254
Yee, Audrey	3,583	660	634	4,857	1,000	68	1,068
Total	$ 48,648	$ 11,549	$ 10,519	$ 72,922	$ 69,390	$ 34,618	$ 104,008

(1) Benefits includes employer CPP and all travel time

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE

For the year ended March 31,2006

	2006 Number of FTE's	2006 Salaries [1]	2006 Benefits & Allowances [2]	2006 Subtotal	2006 Severance Number of FTE's	2006 Severance Amount	2006 Severance Total	2005 Number of FTE's	2005 Salaries, Benefits and Allowances	2005 Severance	2005 Total
Chief Executive Officer											
- Andrew Wil	1	$ 137,382	$ 3,563	$ 140,944		$ -	$ 140,944	1	$ 136,456	$ -	$ 136,456
Director Executive & Board Support											
- Kim Kruse	1	56,305	-	56,305		-	56,305	1	54,702	-	54,702
Executive Director Communications											
- Bryce Martin	1	80,055	-	80,055		-	80,055	1	77,660	-	77,660
Executive Director Community Services											
- Beth Vachon	1	97,146	-	97,146		-	97,146	1	94,682	-	94,682
Executive Director Decision Support											
- Randy Beton	1	106,634	-	106,634	1	72,946	179,580	1	94,682	-	94,682
Executive Director Finance											
- Tyler Bragg	-	-	-	-		-	-	0.2	26,639	-	26,639
- Darold Sturgeon	0.625	69,891	34,595	104,486		-	-		-	-	-
Executive Director Human Resources											
- Brenda Schwab	1	97,556	-	97,556		-	97,556	1	93,652	-	93,652
Executive Director Health Service											
- Christine Mirka	1	101,365	-	101,365		-	101,365		-	-	-
Senior Executive Director Health Services											
- Wayne Button	-	-	-	-		-	-	1	85,536	167,063	252,599
Chief of Staff											
- Dr. I Radevski	1	110,293	-	110,293		-	110,293	1	95,667	-	95,667
Medical Health Officer											
- Dr. K. Chotani	1	146,478	-	146,478		-	146,478	1	143,322	-	143,322
Total	9.625	$ 1,003,105	$ 38,160	$ 1,041,265	1.0	$ 72,946	$ 1,009,722	9.2	$ 902,997	$ 167,063	$1,070,060

(1) Salaries include regular base pay, overtime, lumpsum payments, honorariums/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance and any other direct cash remuneration including sick leave, short-term disability, vacation, and differentials

(2) Benefits and allowances include car allowance, employee taxable education expense, personal allowance, relocation allowance and RRSP's

GOVERNANCE AND TRANSPARENCY

The Regional Health Authority #3 was established on August 1, 2002 with the proclamation of *The Regional Health Services Act*. The Authority assumed the operations of the former Rolling Hills, Southwest, and Swift Current Health Districts as of this date.

The geographic boundaries pertaining to Regional Health Authority #3 was named the *Cypress Health Region* and the governing body assumed the name of the *Cypress Regional Health Authority*.

As per *The Regional Health Services Act*, there are to be twelve members serving on the *Cypress Regional Health Authority* and are appointed by the Lieutenant Governor in Council. These members represent the diversity of the health region from a mixture of rural and urban backgrounds.

As of March 31, 2006, the Authority included the following nine members:

Dennis Lafreniere (Chairperson)	Swift Current
Barry Elderkin (Acting Vice-Chairperson)	Maple Creek
Bruce Deg	Swift Current
Lois Donnelly	Swift Current
Betty Goddard	Cabri
Ron Heeg	Swift Current
Alma Thibault	Ponteix
Brian Whiteside	Swift Current
Audrey Yee	Swift Current

** *Shirley Etter (Leader) completed her term of appointment with the Authority on July 31, 2005.*
** *Ron Johnson (Climax) ended his relationship with the Authority in April 2005.*
** *Allan MacArthur (Herbert) ended his relationship with the Authority in November 2005.*

CYPRESS REGIONAL HEALTH AUTHORITY (April 2005)

Back row, left to right: Brian Whiteside, Barry Elderkin, Bruce Deg, Dennis Lafreniere, Alan MacArthur, Ron Heeg, Andrew Will (Chief Executive Officer)

Front row, left to right: Audrey Yee, Lois Donnelly, Betty Goddard, Shirley Etter, Alma Thibault, Kim Kruse (Executive and Board Support)

Roles and Responsibilities

The Regional Health Services Act defines the roles and responsibilities of the Minister of Health and the Regional Health Authority. The Minister and the RHA Boards work in conjunction to ensure coordinated province-wide planning for the health system.

The Regional Health Authority is responsible for the planning, organization, delivery and evaluation of the health services it is to provide within its region or any other area directed by the Minister. Specifically, the RHA is responsible for:

- Strategic planning;
- Fiscal management and reporting;
- Building and maintaining key relationships with stakeholders;
- Quality management initiatives;
- Monitoring, evaluation and reporting of performance indicators; and,
- Monitoring the management and performance of the Authority and Chief Executive Officer.

Organization and Committee Structure

The Cypress Regional Health Authority discusses issues as a committee-of-the-whole and is supported by the existence of an Executive Committee, whose responsibilities are determined by Authority-approved Terms of Reference. The Authority will utilize ad hoc committees, whose membership will consist of Authority members, the Chief Executive Officer, and other members of the Senior Management Team (when required) to deal with specific issues.

To support the Authority in fulfilling its responsibilities, members participate in a variety of other committees including (but not limited to) the Leadership and Partnerships Quality Team, Ethics Committee, Community Advisory Committees, Regional Hospital Capital Project Planning Committee, Education Committee and Audit Committee.

Community Advisory Networks

The Regional Health Services Act requires each Authority to develop a process where public input and feedback is solicited to provide the Authority with advice respecting the provision of health services in the health region. These opportunities to consult with the "community" provide information on broad issues related to the health of the community and help the Authority to better understand the needs and priorities of communities and their residents.

The Authority has been meeting with a Health Advisory Committee in Herbert to address community-specific issues regarding the amalgamation of the Herbert Nursing Home Inc. with the Cypress Health Region, the capital construction project that will integrate health services under one roof and the future provision of health services in the community and surrounding areas.

The Authority also utilizes an informal community consultation structure that takes advantage of existing intersectoral relationships that are already in place. Board and administration representatives have welcomed the opportunity to visit municipal councils across the region to discuss health care concerns and issues. This approach will be continued into the future as the Board attempts to have an open and transparent relationship with its municipal partners.

Other consultative processes that are being utilized include discussions at Regional Intersectoral Committee meetings, Southwest Municipal Government Forums, Chambers of Commerce, education and other community stakeholder groups, and former health-district related advisory and trust committees. Specific examples include home care staff's relationship with personal care homes and other unlicensed care facilities, emergency medical services staff relationship with Emergency Medical Organizations (EMO) across the region, development of Community Action Teams to engage communities in the Population Health Promotion Strategy and the Southwest Drug Strategy Committee, and primary health care staff interactions with communities regarding development of primary health care teams.

All formal and informal means of consulting with the public are beneficial for the strategic direction of the Authority. Plans for the future include focus group consultations in communities throughout the region to discuss several specific themes, including recruitment and retention of health care professionals, sustainability of services, and cost

Commitment to Public Transparency

Integrity and accountability are two of the key values that the Authority believes in. They believe in being accessible and accountable to the public and use a variety of ways to ensure that the public has access to information:

- Monthly Regional Health Authority meetings are open to the public to attend and observe. The meetings are extensively advertised in the region's newspapers.
- Existence of established guidelines to facilitate presentations to the Board meetings from interested members of the public or organizations.
- Board meetings rotate through the health region's communities. Local municipal leaders are invited to the meeting and to join the Authority for discussion during the day.
- Regular monthly Authority meeting highlights are distributed to all media contacts throughout the health region, as well as throughout the facilities and offices of the health region for staff viewing. The Authority Chairperson and Chief Executive Officer welcome the opportunity to address issues identified in the monthly meetings with the media.
- Positive working relationships have been established with the media contacts (print, radio, television) to ensure the distribution of public information and public safety issues.
- The Chairperson, Chief Executive Officer and other representatives of the health region are available for presentations to municipal councils, community service groups, community trust committees and for the general public.
- Development and availability of the *Annual Report* document in hard copy format and electronically via the health region's website.
- Payee disclosure lists are available for review.

PAYEE DISCLOSURE LIST

The Cypress Health Region is required to disclose payments by payee for the 2005-06 fiscal year. The Government of Saskatchewan Treasury Board determines the threshold for payees requiring disclosure, and for the 2005-06 fiscal year the minimum threshold is $50,000. The *Payee Disclosure Lists* include payments made for: personal services, transfers, supplier payments, and other expenditures.

The *Payee Disclosure Lists* for all Regional Health Authorities in Saskatchewan may be accessed through the Saskatchewan Health website at www.health.gov.sk.ca.

(Please refer to the Addendum for the Payee Disclosure List)

PERFORMANCE MANAGEMENT SUMMARY

In support of *The Action Plan for Saskatchewan Health Care,* Saskatchewan Health developed an *accountability framework* and accountability documents with each health region that define and clarify the performance relationship between the authorities and the province. In addition to articulating organizational and program expectations of the RHAs, the accountability documents also link these expectations with funding and with performance indicators – measures of progress towards, and achievement of, the expectations.

To demonstrate accountability and transparency to the public, these indicators are publicly reported through this summary table in each region's annual report. For further information on technical interpretations and definitions of the indicators below refer to the *Performance Management* document on the Saskatchewan Health website at www.health.gov.sk.ca.

Indicator	RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators				
Quality				
Date of last CCHSA accreditation or when accreditation is scheduled[1] *as of March 2006*	June 2004 October 2007	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2004/2005*	136	*not applicable*	*not applicable*	*to be determined*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2004/2005*	79%	83%	58% – 96%	*to be determined*
Percentage of critical incidents meeting timeframe for notification (3 days) *2005/2006*	94.4%	96.9%	94.2% – 100.0%	100% compliance
Percentage of critical incidents meeting submission timeframe for written report (60 days or 180 days) *2005/2006*[2]	*data currently not available*	*data currently not available*	*data currently not available*	100% compliance

Indicator		RHA Value	Provincial Value	Range	Target
Health Human Resources					
Number of sick leave hours per full time equivalent (FTE) by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	82.27	90.60	79.59 – 116.42	90.60 [5]
	HSAS	45.01	64.00	45.01 – 123.48	64.00 [5]
	OOS/OTHER[3]	30.44	48.09	30.44 – 61.87	48.09 [5]
	SUN	72.91	91.94	53.66 – 98.79	91.94 [5]
	RWDSU[4]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	All Affiliations	75.12	85.18	69.24 – 103.96	85.18 [5]
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	28.57	32.83	15.22 – 80.89	32.83 [5]
	HSAS	16.74	24.75	0.35 – 88.09	24.75 [5]
	OOS/OTHER[3]	5.48	3.17	0.00 – 10.15	3.17 [5]
	SUN	74.73	72.44	24.61 – 426.41	72.44 [5]
	RWDSU[4]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	All Affiliations	35.03	38.06	17.96 – 130.02	38.06 [5]
Distribution of health system full time equivalents (FTEs) by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	750.59	*not applicable*	*not applicable*	*not applicable*
	HSAS	67.67			
	OOS/OTHER[3]	64.67			
	SUN	201.42			
	RWDSU[4]	*not applicable*			
	All Affiliations	1,084.35			
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2005/2006*		5.63	8.07	4.48 – 10.57	8.07 [5]
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2005/2006*		235.99	447.10	190.64 – 618.66	447.10 [5]

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of employees self-identifying as Aboriginal *2003/2004*[6]		0.0%	*not available*	*not applicable*	*to be determined*
Worked hours as a percentage of total hours by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	79.8%	79.3%	73.7% – 80.2%	79.3%[5]
	HSAS	83.5%	82.2%	76.4% – 84.4%	82.2%[5]
	OOS/OTHER[3]	87.1%	84.0%	80.9% – 87.1%	84.0%[5]
	SUN	76.7%	76.0%	63.7% – 78.7%	76.0%[5]
	RWDSU[4]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	All Affiliations	79.9%	79.2%	73.2% – 80.4%	79.2%[5]
Financial					
Working capital ratio (current ratio) *2005/2006*		1.17	*not applicable*	0.36 – 2.02	*to be determined*
Number of days able to operate with working capital *2005/2006*		(-7.90)	*not applicable*	(62.41) – 18.50	*to be determined*
Surplus/deficit *2005/2006*		306,213	*not applicable*	($1,507,000) – $5,002,000	$0
Surplus/deficit as a percentage of actual operating expenditures *2005/2006*		0.4%	*not applicable*	(1.2%) – 1.3%	0.0%
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2005/2006 [yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
Program-Specific Indicators					
Province-Wide Services					
Number of exams as a percentage of agreed on target for specialized medical imaging services: magnetic resonance imaging (MRI) scans[7] *2005/2006*		*not applicable*	*not applicable*	*not applicable*	100%
Number of exams as a percentage of agreed on target for specialized medical imaging services: computed tomography (CT) scans[8] *2005/2006*		96%	*not applicable*	*not applicable*	100%

Indicator		RHA Value	Provincial Value	Range	Target
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB)[9] *2004/2005*		53 days	*not applicable*	*not applicable*	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre[10] *2004/2005*	Child / Youth	82.6%	*not applicable*	*not applicable*	*to be determined*
	Adult	*data suppressed*			
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital[11,12] *2004/2005*	Stroke	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Brain Dysfunction	*not applicable*			
	Spinal Cord Dysfunction	*not applicable*			
	Orthopaedic Conditions	*not applicable*			
	Neurological Conditions	*not applicable*			
	Amputation of Limb	*not applicable*			
	Major Multiple Trauma	*not applicable*			
	Medically Complex	*not applicable*			
	Debility	*not applicable*			
	Cardiac	*not applicable*			
	Pulmonary	*not applicable*			
	Arthritis	*not applicable*			
	Pain Syndrome	*not applicable*			
	Other	*not applicable*			
Acute Care Services					
Number of surgical cases[13] *2005/2006*		1,870	*not applicable*	*not applicable*	1,750 [14]
Percentage of surgical cases performed as day surgery[13] *2005/2006*		55.4%	54.4%	39.0% – 66.6%	*to be determined*
Percentage of Priority Level II, IV and VI surgical cases completed within Saskatchewan's Target Time Frames[13] *2005/2006*	Priority Level II within 3 weeks	71.3%	56.3%	44.1% – 97.5%	95%
	Priority Level IV within 3 months	94.9%	65.1%	46.4% – 100.0%	80%
	Priority Level VI within 12 months	99.7%	84.2%	72.9% – 100.0%	80%

Indicator		RHA Value	Provincial Value	Range	Target
Institutional Supportive Care Services					
Average wait time between approval for placement and placement for institutional supportive care services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Case mix index for institutional supportive care facilities[15] *as at the end of Q2 2005/2006*		0.76	0.77	0.75 – 0.80	*to be determined*
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores[16] *as at the end of Q2 2005/2006*		27.3%	22.2%	15.2% – 29.8%	*to be determined*
Home-Based Supportive Care Services					
Average wait time between assessment and commencement of supportive home care services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Population Health Services					
Percentage of eligible population receiving recommended immunization at second birthday[16] *July 1, 2004 to June 30, 2005*[17]	Diphtheria	76.8%	72.9%	50.0% – 86.5%	*to be determined*
	Measles	75.4%	71.2%	50.0% – 83.9%	
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns *2005/2006*[18]		*data currently not available*	*data currently not available*	*data currently not available*	90% compliance
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act*) *2004/2005*	FEE – Food Eating Establishment	16.91%	*not applicable*	16.91% – 100.77%	80% – 100%
	FPL – Food Processing (Licensed)	17.86%	*not applicable*	0.00% – 96.43%	
	LA – Licensed Accommodations	28.66%	*not applicable*	28.66% – 100.00%	
	SWT – Swimming Pools / Water Themes	35.56%	*not applicable*	12.00% – 100.00%	
	Public Water Supplies	33.85%	*not applicable*	21.23% – 99.28%	

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[19] *2003*[20]	Males	22.3%	24.6%	20.8% – 40.7%	*to be determined*
	Females	22.1%	23.1%	11.6% – 42.0%	
Influenza immunization rate per 100 population (age 65 years and over) *2004/2005*		69%	68%	57% – 75%	*to be determined*
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions *2004/2005*		62.1%	54.5%	35.7% – 80.9%	*to be determined*
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2006*		10.7%	26.6%	0.00% – 100.00%	25% of SK residents by 2006, 100% by 2011
Total number of new primary health care teams developed in the current year *2005/2006*		0	*not applicable*	*not applicable*	*not applicable*
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that includes an updated Diabetes Plan *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that outlines potential primary health care financial requirements *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
RHA participated in 5-year evaluations of demonstration sites, as required *March 2006 [yes/no indicator]*		Due October 2006	*not applicable*	*not applicable*	Yes
Mental Health and Addiction Services					
Average length of stay of mental health inpatients compared to expected length of stay[21] *2004/2005*	Average Length of Stay	11.2	14.4	11.1 – 18.0	*to be determined*
	Average Expected Length of Stay	10.2	12.4	9.0 – 15.0	
Mental health inpatient readmission rate per 100 mental health inpatients[21] *2004/2005*		30.3%	21.6%	17.9% – 30.3%	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Alcohol and drug inpatient treatment completion rate per 100 admissions[22] *2004/2005*		*not applicable*	64.3%	56.8% – 72.3%	*to be determined*
Average wait time for admission to alcohol and drug inpatient services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures *2005/2006*		4.7%	*not applicable*	3.4% – 10.5%	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[23] *2002-2004*		4.0	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[23] *2002-2004*		5.8	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[23] *2002-2004*		13.4	15.7	12.9 – 31.1	*to be determined*
Potential years of life lost per 100,000 population (age 0 to 74 years)[19] *2001*	Circulatory Diseases	1,031.8	951.5	817.9 – 1,208.9	*to be determined*
	All Malignant Neoplasms	1,610.6	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	179.2	222.9	63.5 – 376.5	
	Unintentional Injuries	636.4	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	315.1	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth)[19] *1996*[24]	Males	69.1	66.6	61.8 – 69.2	*to be determined*
	Females	72.5	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years)[19] *1996*[24]	Males	12.1	11.2	8.7 – 12.1	*to be determined*
	Females	13.1	12.7	8.4 – 13.2	
Life expectancy (at birth)[19] *2001*[25]	Males	78.2	76.2	72.1 – 78.2	*to be determined*
	Females	82.8	81.8	76.1 – 82.8	
Life expectancy (at age 65 years)[19] *2001*[25]	Males	18.0	16.9	15.6 – 18.0	*to be determined*
	Females	21.0	20.9	17.2 – 21.8	

Indicator		RHA Value	Provincial Value	Range	Target
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[19] *2003*[20]		63.7%	59.5%	47.6% – 63.7%	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese[19] *2003*[20]	Overweight (BMI 25.0-29.0)	35.2%	35.8%	31.7% – 41.8%	*to be determined*
	Obese (BMI 30.0+)	23.5%	20.5%	16.4% – 27.2%	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[19] *2003*[20]	Active / moderately active	41.7%	49.8%	41.7% – 56.1%	*to be determined*
	Inactive	56.4%	47.8%	41.0% – 56.4%	
Number of visits to a physician for a mental health reason *2004/2005*	General Practitioners	14,453	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	395			
Age-adjusted diabetes prevalence rate per 1,000 population[26] *2003/2004*		49.7	*not applicable*	46.1 – 91.3	*to be determined*
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2003/2004*	Males	11.3	11.1	8.4 – 28.7	*to be determined*
	Females	6.8	7.1	5.3 – 15.5	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2003/2004*	Males	16.9	14.9	10.2 – 23.0	*to be determined*
	Females	28.6	25.4	0.0 – 38.3	

Notes:

Please refer to the document "Performance Management Accountability Indicators" for detailed information about all of the indicators presented in this summary.

1 The content of this indicator changed from the 2004/2005 summary (the date of (last or scheduled) CCHSA accreditation, instead of the accreditation status).

2 Data on critical incident written report submission will always lag by up to 6 months because of the timeframe in which reports may be submitted. Data is currently not available for the complete 2005/2006 fiscal year.

3 The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.

4 The RWDSU category is applicable to Regina Qu'Appelle only.

5 Benchmark development is still in progress for the health human resources indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.

6 The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2003/2004, and is not available for Sun Country, Five Hills, Prairie North or the province as a whole. These values were also reported in Saskatchewan Health's "2005-2006 Provincial Budget Performance Plan" and "2006-2007 Provincial Budget Performance Plan".

7 MRI indicator is applicable to Regina Qu'Appelle and Saskatoon only.

8 CT indicator is applicable to Five Hills, Cypress, Regina Qu'Appelle, Sunrise, Saskatoon, Prince Albert Parkland, and Prairie North only.

9 SHNB indicator is applicable to Prairie North only.

10 "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.

11 "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only.

12 Wascana Rehabilitation Centre and Saskatoon City Hospital are not peer facilities, in terms of their inpatient rehabilitation programs. Therefore, their results should not be compared to each other.

13 Surgical indicators are not applicable to Mamawetan Churchill River and Keewatin Yatthé.

14 The 2005/2006 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.

15 Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions.

16 The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.

17 The reporting period for "Percentage of eligible population receiving recommended immunization at second birthday" changed from what was used for the 2004/2005 summary (July 1 to June 30, instead of calendar year).

18 Data on *Tobacco Control Act* compliance is currently not available due to system implementation issues.

19 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.

20 The Canadian Community Health Survey (CCHS) is updated bi-annually, so results will be the same as those reported for 2004/2005.

21 Mental health inpatient indicators are not applicable to Heartland, Kelsey Trail, Mamawetan Churchill River, and Keewatin Yatthé.

22 "Alcohol and drug inpatient treatment completion rate" is applicable to Regina Qu'Appelle, Saskatoon, Prairie North, Mamawetan Churchill River, and Keewatin Yatthé only.

23 The calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used for the 2004/2005 summary. The time period also changed (three consecutive years, instead of five).

24 Statistics Canada is no longer calculating this measure (they replaced it with a similar measure, "Health Adjusted Life Expectancy (HALE)", but it is not available at the regional level). Therefore, results will be the same as those reported for 2004/2005.

25 Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results will be the same as those reported for 2004/2005.

26 Diabetes cases are now determined using the prescription drug database along with the hospital separations and physician services databases. Caution should be exercised if comparing results to those that were presented in the 2004/2005 summary.

ANNUAL REPORT

to the
Minister of Health
and
Minister of Healthy Living Services

For the Fiscal Year Ending
March 31, 2006

ADDENDUM:

Payee Disclosure List

Together - Your Health, Our Future

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2006

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

ACHTEMICHUK	LAWRENCE	$	57,107
ADASHYNSKI	BETH		75,963
ALDAG	MARLENE		70,993
ALLSEN	LARRY		90,378
ALTWASSER	DARCY		54,948
AMAN	RALPH		55,816
ANDERSON	MARY		61,770
ANDERSON	TODD		51,085
ANDREAS	DAPHNE		86,542
ARMSTRONG	NADINE		50,828
ARNOLD	CORINNE		66,857
ARNOLD	LILIA		58,591
ARWINI	DR. MOHAMED		405,723
ASHTEKAR	DR. VIJAYKUMAR		400,430
BAIN	GORDON		50,050
BARDAHL	PATRICIA		63,871
BARKS	KIMBERLY		72,605
BARRETTO	DR. IGNACIO		108,580
BARRON	SYLVIA		85,136
BAUMANN	LESLIE		56,349
BELON	RANDY		179,580
BHARDWAJ	DR. ARUN		176,358
BHARDWAJ	DR. DIVYA		181,667
BOKOR	ELFRIEDA		57,303
BOLDING	LAUREEN		51,844
BOLTON	ERIN		70,489
BOOTH	DWIGHT		71,981
BOTH	JEAN		52,350
BOWER	JOHN		71,459
BOWERS	MARGARET		64,359
BRABENDER	JBEATRICE		69,202
BREHM	KAREN		69,896
BREWER	TARA		50,422
BRIDAL	LINDA		53,789
BROKS	DIANE		76,224
BROWN	LANA		56,507
BROWN	PATRICIA		73,763
BURTON	SUSAN		62,829
CAMERON	KATHERINE		65,551
CARLETON	MYRA		68,119
CASCAGNETTE	MARGUERIT		68,681
CHISHOLM	JOHN		63,580
CHOKANI	KHAMI		146,478
CLIMENHAGA	DARCI		58,816
CONNICK	NORMA		54,970
COULTER	TERRY		57,027
COULTER	VALERIE		69,699
CREIGHTON	JOYCE		64,797
CRONAN	CARLA		56,038
DAFOE	DOROTHY		71,551

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

DALBY	FRANCINE	65,410
DE JAGER	DR. JACOBUS	112,136
DE KLERK	DR. HEIN	109,039
DEMPSEY	GERALD	64,168
DEMPSEY	SHEILA	59,565
DENESOVYCH	CONSTANCE	67,839
DESHAIES	MARIE	73,046
DIETRICH	TAMMY	57,141
DIRKZWAGER	FRANCES	50,889
DRUMMOND	CINDY	61,434
DRYDEN	VERONICA	56,383
DUECK	BRENDA	56,877
DUNCAN	DR. DAVID	57,228
DUNLOP	DONNA	67,268
DUNNE	DR. NANCY	66,902
DUNNINGTON	ARLENE	52,132
DURANT	MARILYN	57,054
DYCK	CAROL	73,642
DYCK	LARRY	58,774
EAST	KAREN	55,376
EBNER	STEPHANIE	61,962
EDDY	CAROL	74,250
ELKELANI	DR. SAAD	384,096
ELSASSER	RAYLENE	60,393
EMPEY	BONNIE	117,442
ERICKSON	MARY	71,700
EWEN	ANITA	74,060
EWEN	CLAYTON	51,130
FABER	RHONDA	54,854
FARAGO	ANITA	55,802
FAUTH	RACQUEL	69,398
FEHR	HELEN	73,072
FEHR	MARGARET	63,017
FITZGERALD	BARBARA	64,706
FITZPATRICK	ELAINE	62,893
FLEURY	BRENDA	72,939
FORTMAN	SANDRA	57,156
FOSSUM	EILEEN	55,667
FOURIE	DR. JOHAN	98,100
FREITAG	ALDA	55,510
FRIESEN	DIANE	63,245
FRIESEN	ERIN	52,015
FRIESEN	MARGARET	72,022
FRITZ	BONNIE	60,568
FRY	JULIA	58,878
GALBRAITH	SHANNON	54,775
GARIES	JOHN	58,853
GATES	GLENDA	58,406
GATZKE	DR. JASON	95,418
GETZ	MARY	65,649

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

GETZ	CAROL ANN	66,322
GILLANDERS BELL	TARA	67,481
GIZEN	JUNE	66,766
GLOVER	SHARRON	68,493
GLYDON	ORLA MAE	62,140
GODDARD	SUSANNE	70,494
GOEBEL	PHYLLIS	61,101
GOLD	KARLA	79,576
GOUDY LODOEN	LAURA	66,019
GRAND	KAREN	51,148
GRANT	GREGORY	64,900
GRANT	JANELL	62,134
GREEN	STEPHANIE	73,840
GROVES	BRENDA	86,245
HALL	GLORIA	53,525
HALVORSON	CINDY	51,550
HAMM	BONNY	75,777
HANNA	KEVIN	59,478
HANSON	FERN	57,762
HARDIE	MAUREEN	55,638
HARLICK	SANDRA	71,690
HAUBRICH	LISA	72,100
HAUGEN	KORI	61,185
HAWKINS	KRISTIN	58,705
HEINRICHS	LORRAINE	72,557
HEISER	BEVERLEY	56,935
HENDERSON	PHILIP	53,376
HENNIG	JENNIFER	61,066
HITTEL	CLARA	51,958
HODGSON	MARYANN	50,147
HOFFARTH	SHARON	63,084
HOLDERBEIN	SHARLENE	82,321
HOLDERBEIN	VALERIE	57,164
HOLIZKI	MAUREEN	67,638
HOLMES	PEGGI	64,619
HOPE	CRYSTAL	62,022
HORNUNG	SHERRY	86,732
HOVDESTAD	RENEE	74,357
HYATT HIEBERT	RACHEL	67,149
JAHNKE	ELAINE	64,701
JAMES	TERRY LEE	50,693
JARRETT	JOY	50,003
JENSEN	JULIE	51,229
JONES	TRACEY	63,056
JONES	YVONNE	72,137
KALINOWSKI	DAWN	69,403
KASSETT	DR. SURESH	59,608
KEHLER	ROXANNE	58,656
KERRIDGE	LORRAINE	70,716
KESSY	CONNIE	52,799
KHONJE	DR. TED	58,049
KIELLY	DR. ANDREW	104,583
KIMBER	WENDY	70,189
KLAASSEN	TODD	50,232
KLASSEN	TERRANCE	70,741
KNOX	CATHERINE	57,093

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

KOCHAN	BRENDA	57,525
KOELLMEL	HEATHER	59,871
KOESTER	MANDY	53,853
KOHLS	DOREEN	60,219
KOLESNIKOV	DR. SERGEI	92,000
KOOBAIR	DR. SANDHYA	260,929
KRAHN	ELAINE	55,703
KRAMER	CARLA	57,118
KRUSE	KIM	56,305
LAIRD	MERCY	61,943
LAMONTAGNE	GLORIA	65,871
LAMOTTE	RENEE	66,677
LARRIVEE	DARREN	50,856
LEE	DORI	58,104
LINDSAY	BARBARA	52,210
LIS	ROSE	91,307
LONGMORE	DEBRA	65,230
LOWE	RICKY	65,040
LUNDBERG	LYNN	62,549
LYON	MORAG	60,979
MACLEOD	DAVID	51,190
MACLEOD	JANE	64,008
MACWILLIAM	CORNELIA	85,265
MAFFENBEIER	RUTH	59,053
MAHAFFEY	SANDRA	50,367
MAHARAJ	DR. JAIMALA	204,020
MALLECK	DR. NASEEM	383,556
MARAJ	DR. VIKESH	272,962
MARTIN	BRYCE	80,055
MASON	TAMMY	66,445
MCCAIG	JANET	80,517
MCCUAIG	CAROLINE	73,973
MCDOUGALD	COLLEEN	75,805
MCKINNON	MILTON	75,982
MCMILLAN	DOROTHY	54,462
MEINERT	BETTY	60,661
MEINERT	RANA	55,835
MEYER	ERLA	78,066
MEYER	HOLLY	78,967
MEYERS	LYNN	61,984
MILLAR	MIKKI	71,214
MIRKA	CHRISTINE	101,365
MOBERG	HEATHER	73,479
MOBERG	TERRI	75,651
MOEN	ALICE	51,826
MOHAGEN	YVONNE	68,726
MOOLA	DR. DAWOOD	711,253
MORCK	EUNICE	59,949
MORSTAD	MAUREEN	65,387
MOSER	LORENE	52,556
MUDRY LAUTSCH	MARILYN	56,616
MULATZ	SHEILA	90,974
MUNROE	ROBIN	58,428
MURDOCH	JENIFER	56,014
MYERS	CATHLEEN	62,151
NELSON	LISA	66,678

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

NEVARD	M FERN	68,096
NICHOLSON	SUSAN	69,510
OLFERT	KATHY	71,481
OLFERT	DR. TARA	56,920
OLMSTED	PATRICIA	57,532
OLSGARD	LINDA	62,960
OLSON	ANGELA	65,860
OLSON	KIRSTEN	63,341
OLSON	KRISTA	62,530
OLSON	PATRICIA	85,137
ORTMAN	JOAN	71,528
PARK	KEITH	53,080
PATERSON	HARRIET	50,403
PAUL	LEONA	51,072
PAULSON	LORNA	73,435
PEDERSON	VERNA	59,902
PENNER	MARY JEAN	74,259
PERRIN	CYNTHIA	68,241
PERRIN	GRANT	70,723
PETERS	ELEANOR	73,805
PETERS	EUNICE	53,993
PHILIP	CYNTHIA	63,065
PILKEY	LAURIE	65,824
POMPU	THERESA	63,186
PRINSLOO	DR. DANIEL	78,930
PRITCHARD	LORI	69,224
PURVES	TAMMY	67,947
RADEVSKI	DR. IVO	130,422
RAMSAY	MARVA	68,810
RAYMOND	SIGNE	65,709
REAY	CHRISTINE	57,994
REDEKOPP	LENA	55,387
REGIER	TRENTON	73,981
REIL	JO ANN	64,274
REINBOLT	BARBY	52,828
REMPEL	MARGARETE	71,031
REMPEL	MAUREEN	62,144
RENWICK	MARY K	63,203
RICE	JOANNE	63,026
RINDAHL	JENNIFER	52,600
RIZVI	DR. SYED	136,425
RUDD	KENNETH	59,151
RUETZ	CATHERINE	70,303
RUNCIE	ELLEN	57,401
RYAN	ELIZABETH	50,957
SARGENT	MARILYN	83,468
SAUDER	GWENDOLYN	56,339
SCHELLENBERG	VIVIAN	57,293
SCHERGER	KATHY	65,827
SCHNEIDER	SHELLEY	74,637
SCHWAN	BRENDA	97,556
SCHWARTZ	DALE	55,674
SCOTT	CAROL	58,528
SCOTT	JOHN	60,742
SCRIVEN	SHANNON	68,202
SHAW	BONNIE	65,135

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

SHAW	LEANNA	61,863
SIGURDSON	ESTHER	74,632
SINGH	LORETTA	57,568
SKELTON	MARG	73,905
SMOUT	ALICE	70,805
SMUK	GREGORY	62,694
SOMMER	CRYSTAL	58,913
SOMMER	LELAND	56,695
SPANIER	CARLA	58,382
SPENCE	TWYLA	60,603
STEENBERG	DR. LOURENS	80,180
STEVENSON	DANIEL	67,019
STEVENSON	JILL	53,242
STEWART	RAELENE	52,591
STIMSON	MARIE	55,916
STURGEON	DAROLD	104,489
SUNKARA	DR. MARUTHI MADHAV	286,336
TAN	DR. CHONG-JET	50,713
TARDIF	MARY	51,806
TAYLOR	BRENDA	64,153
THERRIEN	JANICE	63,580
VACHON	ELISABETH	97,146
VALLEE	SUSAN	65,964
VAN DER WATT	DR. MORNE	105,080
VANDERSTEEN	ALINE	63,913
VANSTONE	JACQUELIN	52,461
WALKER	MYRNA	79,039
WALLISER	LINDA	77,806
WARDER	BRENDA	67,675
WARKENTIN	SIGRID	64,775
WEBER	KEN	59,003
WELLS	CAROL	104,947
WELSH	LAURA	62,966
WENZEL	COLETTE	63,614
WHARTON	DR. TERRY	219,185
WHITE	LAURA	68,019
WIEBE	GLENDA	74,113
WIELER	MEGAN	53,287
WIENS	KAREN	70,988
WILL	ANDREW	140,944
WILLS	SHIRLEY	51,176
WILMS	ILA	72,154
WILSON	GAYLE	60,783
WILSON	PATRICIA	54,472
WILSON	WENDY	69,676
WOELK	VALERIE	70,817
WOODS	MARYANN	54,494
WOTHERSPOON	DONNA	66,222
YESKE	SHARON	68,302
ZACHARIAS	CAROLYNN	54,616

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2006

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

2 STOP VACUUM CENTRE	$	74,510
A1 POWER DOOR LTD.		67,092
ABBOTT LABORATORIES LTD.		137,111
ALCON CANADA INC.		263,775
ARCHITECTS INTERIOR DESIGN		127,661
ARJO CANADA		96,642
BAXTER CORPORATION		68,078
BAYER INC		55,340
BECKMAN COULTER		186,392
BELON, RANDY		56,062
BRENNAN OFFICE PLUS		87,757
BUNZL CANADA		142,321
CANADIAN MENTAL HEALTH		107,311
CAN-MED HEALTHCARE		141,854
CARSEN GROUP INC		176,446
CEG ENERGY OPTIONS INC		241,343
CENTURY ROOFING & SHEET METAL LTD		222,052
CHERRY INSURANCE INC.		100,468
CITY OF SWIFT CURRENT		594,562
CLIFTON ASSOCIATES LTD.		131,093
CONBRIO CONSULTING SERVICES INC.		191,143
COUNTRY CLUB DISTRIBUTORS		126,084
CPDN		480,468
DATEX OHMEDA (CANADA) INC.		77,317
DOMINION CONSTRUCTION CO		15,104,660
DR NOBLE IRWIN REGIONAL HEALTHCARE FOUNDATION INC.		150,000
ECOLAB LTD		65,483
FRONTIER AGENCIES		209,415
G.E. CLINICAL SERVICES		64,859
G.E. MEDICAL SYSTEMS		204,197
GAMBRO LTD		107,998
GRAND & TOY LTD.		150,551
GREAT WEST LIFE - GL		302,754
GULL LAKE AMBULANCE SERVICE		92,250
HEALTH SCIENCES ASSOCIATION OF SASK.		60,437
HERBERT NURSING HOME INC		83,428
HILL-ROM CANADA LTD.		213,845
HOSPIRA HEALTHCARE CORP		190,032
INSIGHT CANADA		82,490
JOHNSON & JOHNSON CLINICAL		309,090
JOHNSON & JOHNSON MEDICAL		50,857

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

Canadian Mental Health Association	$	106,646
Foyer St. Joseph Nursing Home		1,214,857
Frontier Ambulance		85,291
Gull Lake Ambulance		91,777
Herbert Nursing Home Inc		1,339,469
McKerracher Support Services Inc		100,417
Ponteix Ambulance		146,938
Swift Current Ambulance		592,358
Val Marie Ambulance		67,440

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

KARL STORZ ENDOSCOPY CANADA	$	94,416
LONDON LIFE INSURANCE COMPANY		75,500
MASTERCARD		114,615
MCKERRACHER SERVICES		98,845
MCKESSON CANADA		222,703
MINISTER OF FINANCE		777,175
MOMENTUM SOFTWARE CORP		68,267
PERIDOT GROUP INC.		129,411
PHILLIPS MEDICAL SYSTEMS		210,721
PIONEER CO-OP		71,759
PUBLIC EMPLOYEE PENSION PLAN		139,323
QUALITY LIFE SERVICES INC.		269,890
RECEIVER GENERAL		13,966,895
REGINA QU'APPELLE HEALTH REGION		130,814
SASK. ASSOCIATION OF HEALTH CARE ORGANIZATIONS (SAHO)		211,677
SAHO - DENTAL		466,610
SAHO - DIP		1,236,425
SAHO - ENHANCED HEALTH PLAN		1,166,834
SAPUTO		108,160
SASK. ENERGY		638,414
SASK. POWER		366,994
SASK. PROPERTY MANAGEMENT		554,952
SASK. HEALTH EMPLOYEES PENSION PLAN		5,251,366
SASK. UNION OF NURSES		208,271
SASKATCHEWAN REGISTERED NURSES ASSOCIATION		105,145
SASKTEL CMR		446,118
SCHAAN HEALTHCARE PRODUCTS		578,092
SERVICE EMPLOYEES INTERNATIONAL UNION		482,222
SOMAGEN DIAGNOSTICS INC.		96,434
SOURCE MEDICAL		314,486
STANTEC ARCHITECTURE LTD.		1,093,497
STERIS CANADA LTD.		62,046
STEVENS COMPANY LTD.		74,836
SU CANADA LTD.		96,071
SYSCO SERCA FOODSERVICES-WEST INC		930,519
TREEN PACKERS LTD		51,050
TYCO / AUTOSUTURE		136,361
TYCO/MALLINCKRODT		52,325
UNIVERSITY OF SASKATCHEWAN		76,543
VITALAIRE		61,291
WORKERS COMPENSATION BOARD OF SASKATCHEWAN		1,051,729

CYPRESS HEALTH REGION

REGIONAL OFFICE
429 – 4TH Avenue North East
Swift Current, Sask.
S9H 2J9

Telephone: (306) 778-5100
Facsimile: (306) 773-9513

General Email Inquiries:
info@cypressrha.ca

Website: www.cypressrha.ca

Quality of Care Coordinator
(health service concerns, comments, bouquets)
1-888-461-7443
or
(306) 778-5169

HealthLine

Free health advice
from qualified
registered nurses,
24 hours a day,
7 days a week.

1-877-800-0002
Ready for your call. Anytime.